

## Policy Service Request

Name of Owner \_\_\_\_\_ Name of Insured \_\_\_\_\_  
 Policy Number \_\_\_\_\_ Telephone \_\_\_\_\_

Assumption Life is authorized to make the changes indicated below.

<b>A – Change of Ownership</b> This transfer of ownership terminates the existing beneficiary designation. The policy proceeds become payable to the new owner or his/her estate, subject to any beneficiary designation made by him/her after the effective date of this transfer. <u>Please complete section B – Change of Beneficiary</u>	<input type="checkbox"/> <b>Transfer all ownership rights to</b> _____ Relationship to previous owner	S.I.N. (Canada) or S.S.N. (U.S.) _____ Required by tax authorities if the contract generates interest income or a taxable gain. DOB: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F (DD/MM/YYYY)	Address _____ _____ Telephone _____
<input type="checkbox"/> <b>Appoint as contingent owner</b> <input type="checkbox"/> <b>Appoint as co-owner</b>	_____ Relationship to previous owner	S.I.N. (Canada) or S.S.N. (U.S.) _____ Required by tax authorities if the contract generates interest income or a taxable gain. DOB: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F (DD/MM/YYYY)	Address _____ _____ Telephone _____

Contingent owners have no policy rights until the death of the existing owner.

**B – Change of Beneficiary**  
 Unless otherwise stipulated or not permitted by law, any beneficiary designation is revocable. If a beneficiary is named irrevocably, please note that his/her consent is required for any request that may affect his/her rights, including a change of beneficiary.

**In Quebec**, the designation of the owner's married or civil union spouse as beneficiary is irrevocable, unless otherwise stipulated.

The policy does not confer any rights to contingent beneficiaries prior to the death of the primary beneficiaries.

**Any new beneficiary designation automatically cancels any prior primary and contingent beneficiary designation.**

**Insurance proceeds will be payable in equal shares to all primary beneficiaries named below who survive the Insured, unless a percentage is stated\*. If no primary beneficiary survives the Insured, the insurance proceeds will be divided equally among all designated contingent beneficiaries who survive the Insured.**

**PRIMARY BENEFICIARY DESIGNATION**

First Name	Last Name	Age	%*	Rev./Irr.	Relationship to insured (In Quebec, relationship to owner)
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	

**CONTINGENT BENEFICIARY DESIGNATION**

First Name	Last Name	Age	%*	Rev./Irr.	Relationship to insured (In Quebec, relationship to owner)
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	

**TRUSTEE APPOINTMENT**

If the beneficiary is a minor, please designate a trustee: \_\_\_\_\_  
 Relationship of the trustee to the beneficiary: \_\_\_\_\_

I, the undersigned, acknowledge and understand that Assumption Life shall place this request for a change of beneficiary in my file upon receipt but that Assumption Life does not express any opinion as to the validity or legality of any beneficiary designation.

**C – Change of personal information**

Change the name of the  owner  beneficiary  insured to: \_\_\_\_\_  
 Reason for change:  Marriage  Other (Explain & attach certified copies of legal documents) \_\_\_\_\_  
 Change my address to: \_\_\_\_\_

I, the undersigned, hereby declare that all the information provided within is truthfully given to the best of my ability and knowledge and request that Assumption Life make the changes indicated.

\*If the owner is a body corporate (corporation, association, etc.), the signature and title of the authorized individuals is required.

Signature of policyowner(s)	Date	*Title	Witness (18 years or over)
Signature of new policyowner(s), if section A is completed	Date	*Title	Witness (18 years or over)
Signature of existing beneficiary(ies), if necessary	Date	Witness (18 years or over)	

**Policy Service Request**Name of Owner \_\_\_\_\_ Name of Insured \_\_\_\_\_  
Policy Number \_\_\_\_\_ Telephone \_\_\_\_\_

Assumption Life is authorized to make the changes indicated below.

<b>D – Assignment</b>	<input type="checkbox"/> <b>Assign the policy for collateral purposes to:</b> Assignee's full name and address _____  This assignment does not terminate the existing beneficiary designation. The assignee shall be included as a joint payee on the payment of any policy proceeds. The interest of the assignee is limited to the amount required to satisfy the policyholder's obligation to him. The assignee shall have the right to surrender or borrow on the policy without the consent of the policyholder or the beneficiary.
<b>E – Loss of policy</b> To the best of my knowledge, this policy has not been assigned. I agree to hold Assumption Life harmless from any claim or expense under the original policy.	<input type="checkbox"/> <b>Declaration as to loss of policy</b> (payment of applicable fee must accompany this request) I certify that the above policy has been lost and request the issuance of: <input type="checkbox"/> <b>A policy certificate</b> outlining the major features of the policy <input type="checkbox"/> <b>A duplicate</b> , where available (\$25 fee)
<b>F – Cancellation</b>	<input type="checkbox"/> <b>Cancellation of rider or benefit:</b> _____ <input type="checkbox"/> <b>Change this rider to a policy:</b> _____ <input type="checkbox"/> <b>Cancellation of policy following the replacement of policy:</b> _____ <input type="checkbox"/> <b>Cancellation of policy</b> (Please return policy with this request.) The Cash Surrender Value (C.S.V.), if any, is to be paid by cheque and sent to: _____  <b>Reason for cancellation:</b> _____ It is agreed that upon payment of the cash surrender value, all liability of the Company under this policy shall be fully discharged. A cancellation fee of \$20 will be deducted from the proceeds.
<b>G – Partial withdrawal</b>	<input type="checkbox"/> <b>Partial withdrawal – Universal life policies only</b> <input type="checkbox"/> <b>Fixed amount</b> \$ _____ or the maximum amount available, if less <input type="checkbox"/> <b>Maximum available</b>
<b>H – Withdrawal</b>	<input type="checkbox"/> <b>Withdrawal of dividends</b> <input type="checkbox"/> <b>Cash surrender value of paid-up additions</b>
<b>I – Paid-up insurance</b>	<input type="checkbox"/> <b>Reduced paid-up insurance</b> Amount of insurance _____
<b>J – Extended term</b>	<input type="checkbox"/> <b>Extended term insurance</b> Extended term period _____
<b>K – Other</b>	<input type="checkbox"/> <b>Change the mode of payment to:</b> <input type="checkbox"/> Annual <input type="checkbox"/> Semi-annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Preauthorized debit (Please complete form 4791-00A Preauthorized Debit (PAD) Agreement)  <input type="checkbox"/> <b>Change the dividend option to:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Premium reduction <input type="checkbox"/> Accumulation <input type="checkbox"/> Loan reduction  (If one of the following 2 options is chosen, a declaration of insurability is required.) <input type="checkbox"/> One-year term <input type="checkbox"/> Paid-up additions
<b>L – Other changes</b>	<input type="checkbox"/> <b>Other changes or information:</b> _____ _____

S.I.N. (Canada) or S.S.N. (U.S.)  

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Required by tax authorities if the contract generates interest income or a taxable gain.

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\*If the owner is a body corporate (corporation, association, etc.), the signature and title of the authorized individuals is required.

Signature of Owner(s) \_\_\_\_\_ Date \_\_\_\_\_ \*Title \_\_\_\_\_ Witness (18 years or over) \_\_\_\_\_

Signature of existing beneficiary(ies), if necessary \_\_\_\_\_ Date \_\_\_\_\_ Witness (18 years or over) \_\_\_\_\_