500-5000 Yonge Street
Toronto, ON M2N 7J8
www.ivari.ca

Successor Owner

PLEASE PRINT

Policy No: _____ Insured _____

The Owner(s) of this policy is/are: _____

1 Successor Owner(s)

Policy ownership applies to all coverages. The owner must be at least 16 years of age (at least 18 years in the Province of Québec).

NEW OWNER 1

Last Name	First Name	Date of birth
		DD / MM / YYYY

Address

SIN *(for identification and tax reporting purposes only)*	Relationship to Life Insured	Relationship to Owner	Principal Business or Occupation Identification

Identification Document*	Identification Document Number	Issuing Jurisdiction

Main Purpose of Insurance

○ Life Protection ○ Retirement Planning ○ Estate Planning ○ Key Person Insurance Other: _____

**Refer to an original birth certificate, Canadian Citizenship, Age of Majority, Canadian Armed Forces identification, non-expired passport or driver's license (preferably photo I.D.) Required for all Universal Life policies and non-registered investment products.*

NEW OWNER 2

Last Name	First Name	Date of birth
		DD / MM / YYYY

Address

SIN *(for identification and tax reporting purposes only)*	Relationship to Life Insured	Relationship to Owner	Principal Business or Occupation Identification

Identification Document*	Identification Document Number	Issuing Jurisdiction

Main Purpose of Insurance

○ Life Protection ○ Retirement Planning ○ Estate Planning ○ Key Person Insurance Other: _____

**Refer to an original birth certificate, Canadian Citizenship, Age of Majority, Canadian Armed Forces identification, non-expired passport or driver's license (preferably photo I.D.) Required for all Universal Life policies and non-registered investment products.*

For a Life Policy or a Life Policy with a Critical Illness Insurance Rider, if Joint Ownership is Right of Survivorship, the ownership interest will only be transferred to the contingent owner listed for the last surviving Owner upon that Owner's death. If Joint Ownership is Tenants in Common and no contingent owner is named, the deceased Owner's interest will transfer to his/her estate. If no contingent owner is named, upon death of the policy owner, ownership will be transferred to the policy owner's estate.

2 Politically Exposed Foreign Person UNIVERSAL LIFE POLICIES ONLY

	SUCCESSOR OWNER 1 YES	SUCCESSOR OWNER 1 NO	SUCCESSOR OWNER 2 YES	SUCCESSOR OWNER 2 NO
a) Is a premium and/or lump sum payment equal to or greater than $100,000 being made or to be made? If ***"Yes,"*** each owner must complete question 2b	○	○	○	○
b) Do you, or any person to whom you are related by blood or marriage (including your common law partner) hold, or have held in the past, any of the following in a country other than Canada, head of state, member of the executive council of government or member of the legislature, Deputy Minister (or equivalent), Ambassador or Ambassador's attaché or counsellor, Military General (or higher rank), President of state-owned company or bank, Judge or leader or President of a political party in a legislature? Each Owner who answers ***"Yes"*** must complete the Politically Exposed Foreign Person form (IP-LP1165) and submit along with this form	○	○	○	○

3 Third Party Determination (Universal Life Policies Only)

	SUCCESSOR OWNER 1 YES	SUCCESSOR OWNER 1 NO	SUCCESSOR OWNER 2 YES	SUCCESSOR OWNER 2 NO
Are the Owners/Successor Owners acting on behalf of a third party? If ***"Yes,"*** complete the Identity & Third Party Determination form (IP-LP782) and submit along with this form.	○	○	○	○

4 Corporate/Non-Corporate Entity/Trust Ownership

	SUCCESSOR OWNER 1 YES	SUCCESSOR OWNER 1 NO	SUCCESSOR OWNER 2 YES	SUCCESSOR OWNER 2 NO
Is/Are the Owner(s)/Successor Owner(s) a corporation, non-corporate entity, or trust? If ***"Yes,"*** complete the Corporate/Non-Corporate Entity/Trust Ownership Form (IP-LP1166) and submit along with the application and this form.	○	○	○	○

If the Owner, or a Successor Owner after becoming Owner, shall predecease the Life Insured, the next successive living Successor Owner shall be the Owner of this policy. If there is no Successor Owner surviving to become the Owner, the executors or administrators of the then Owner's estate shall be the Owner of the policy. The interest of any Successor Owner who predeceases the then Owner of this policy shall vest in such Owner.

Subject to any provision in the policy to the contrary, the Owner, or a Successor Owner after becoming Owner, shall be entitled to exercise and enjoy all and any of the rights and interest granted by the policy or allowed by the Company, including the right to surrender, assign or pledge the policy and all rights under the policy, subject to the consent of any irrevocable/preferred beneficiary.

Any benefit payable by reason of the death of the Life Insured shall be paid to the Beneficiary, subject to any assignment of record at the Head Office of the Company.

The Owner may at any time alter or revoke the designation of Successor Owner named in this endorsement, but no such alteration or revocation shall be effective unless and until received by the Company at its Head Office and agreed to by it. Unless an assignment is prohibited by the terms of the policy, an absolute assignment of this policy by the then Owner shall operate to exclude any and all rights of the Successor Owner unless otherwise expressly provided in such absolute assignment. If the Owner assigns or pledges this policy for collateral only, any rights the Successor Owner or beneficiary may have shall be subject to such collateral assignment or pledge.

This endorsement revokes any previous designations of Successor Owner for this policy.

The Company reserves the right to require court approved documentation as evidence of title of authority to effect a policy change where the Owner or signatory is other than an individual acting in his/her personal capacity. This endorsement shall be effective only when countersigned by the Company at its Head Office.

NOTICE REGARDING COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

The personal information provided in this Successor Owner form will be added to and form part of the file *ivari* established and continues to maintain at its head office that contains the personal information it obtained at the time of and subsequent to the application for the Policy.

The personal information in your file may be used to administer and service the insurance and financial products we provide and to evaluate, assess and investigate our insurance risks and any claims you submit. It may also be shared with or disclosed to *ivari's* reinsurers, managing general agencies, distributors, market intermediaries and your advisor of record for such purposes. If applicable, your Social Insurance Number will be used for income reporting purposes. If necessary, your personal information may also be shared with your beneficiaries in relation to a claim.

Successor Owner

Your file will only be accessible to employees and authorized representatives of *ivari* responsible for administering your file, and other persons authorized by you or by law. Subject to exceptions set out in applicable legislation, you may access your file and request corrections to your personal information by sending us a written request. To make a request or to learn about the measures we take to protect your personal information, please write to: **Privacy Officer, ivari, 500-5000 Yonge Street, Toronto, ON M2N 7J8.**

Your personal information will be collected, used, disclosed, shared and treated as described herein, or as otherwise described at or before the time of collection, use or disclosure, or as otherwise permitted by law.

From time to time *ivari* may use the personal information in your file to determine which other insurance and financial products and services may meet your needs and to offer them to you. *ivari* may also disclose your personal information to its affiliated companies for their own use for such purposes. However, *ivari* will not disclose any health information to its affiliates for such purposes. Your personal information may be securely used, stored or accessed in other countries and may be subject to the laws of those countries. For example, personal information may be disclosed in response to demands or requests from government authorities, courts or law enforcement in these countries.

The consent relating to the use of your personal information to provide you with details about other insurance and financial services and products is optional. If you do not wish your personal information to be used for this optional purpose, check here: ☐ Current Owner or you can write to us at the address provided above.

By signing and submitting this form on your own behalf and/or on behalf of any minor, you give your consent to the collection, use and disclosure of your and/or the minor's personal information as described above. I/We have read and fully understand the contents of the NOTICE REGARDING COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION above and acknowledge and consent to the collection, use and disclosure of my/our personal information by the Company and its affiliates for the purposes identified therein.

Signature of Current Owner & Title (if applicable)	Signature of Witness
Signature of Current Owner & Title (if applicable)	Signature of Witness
Beneficiary (if Preferred/Irrevocable)	Signature of Witness
Signature of Successor Owner 1 & Title (if applicable)	Signature of Witness
Signature of Successor Owner 2 & Title (if applicable)	Signature of Witness
Assignee Signature (stamp required if Assignee is a financial institution)	

Signed at (city) _____ in the Province of _____ on D D / M M / Y Y Y Y

ADVISOR VERIFICATION/INFORMATION

I/We hereby declare that the statements and answers given in this form are true, complete and correctly recorded to the best of my/our knowledge and belief, and that I am/we are not aware of additional information material to the Owner(s)/Successor Owner(s) except as stated above. I/We have verified the identity of the individual(s) who submitted the application by referring to the original, non-expired documents. I/We confirm that the information recorded was correctly copied from such document(s).

Reasonable effort has also been exercised to determine if the Owner(s) is/are acting on behalf of a third party.

Name of *ivari* Advisor *(please print)*	Signature of *ivari* Advisor	DD / MM / YYYY Date Signed
Name of *ivari* Advisor *(please print)*	Signature of *ivari* Advisor	DD / MM / YYYY Date Signed

Distributor Code: _____ Advisor Code: _____

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