

Policy Service Request

Name of Owner		Name of Insured	Name of Insured						
	Telephone								
Assumption Life is authorized to m	nake the changes indicated below.								
A – Change of Ownership This transfer of ownership terminates the existing beneficiary designation. The policy proceeds	Transfer all ownership rights to	S.I.N. (Canada) or S.S.N. (U.S.) Required by tax authorities if the interest income or a taxable gair		generate:		Address			
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. Please complete section B – Change of Beneficiary	Relationship to previous owner	DOB:(DD/MM/YYYY)		Telepho	Telephone				
	Appoint as contingent owner Appoint as co-owner	S.I.N. (Canada) or S.S.N. (U.S.) Required by tax authorities if the			Address				
	Relationship to previous owner	DOB:(DD/MM/YYYY)		Telepho	Telephone				
		have no policy rights until th	ne death	of the ex	isting o <u>wner</u>	<u></u>			
B – Change of Beneficiary	Any new beneficiary designation automatically cancels any prior primary and contingent beneficiary designation.								
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	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.								
required for any request that may	PRIMARY BENEFICIARY DESIGNATION		,						
affect his/her rights, including a change of beneficiary.	First Name	Last Name	Age	% *	Rev./Irr.	Relationship to insured (In Quebec, relationship to owner)			
In Quebec, the designation of the owner's married or civil union									
spouse as beneficiary is irrevocable,			!	I					
unless otherwise stipulated.	CONTINGENT BENEFICIARY DESIGNATION								
The policy does not confer any	First Name	Last Name	Age	% *	Rev./Irr.	Relationship to insured (In Quebec, relationship to owner)			
rights to contingent beneficiaries prior to the death of the primary beneficiaries.				$\overline{}$					
	TRUSTEE APPOINTMENT								
	If the beneficiary is a minor, please designate a t	trustee:							
	Relationship of the trustee to the beneficiary:								
	I, the undersigned, acknowledge and understand receipt but that Assumption Life does not express	that Assumption Life shall p s any opinion as to the validi	olace this	request f					
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	*Title			ness (18 years or over)			
Signature of new policyowner(s), if section A is completed		Date *Title	*Title Witness (18			ness (18 years or over)			
Signature of existing beneficiary(ies), if necessary		Date Witness (18	years or	over)					



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Policy Number								
Assumption Life is authorized to make the changes indicated below.								
D– Assignment	Assign the policy for collateral pur Assignee's full name and address This assignment does not terminate the exis of any policy proceeds. The interest of the a	ting beneficiar		-				
	assignee shall have the right to surrender or							
E – Loss of policy 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.	Declaration as to loss of policy (pay I certify that the above policy has been lost A policy certificate outlining the management of the policy certificate available (\$25 feet)	st and request ajor features o	the issuance of:	company this request)				
F – Cancellation	Cancellation of rider or benefit:							
	Change this rider to a policy:							
	Cancellation of policy (Please return policy with this request.) The Cash Surrender Value (C.S.V.), if any, is to be paid by cheque and sent to:							
	Reason for cancellation:							
	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.							
G – Partial withdrawal	Partial withdrawal – Universal life Fixed amount \$ o Maximum available			ole, if less				
H – Withdrawal	Withdrawal of dividends							
	Cash surrender value of paid-up a	dditions						
I – Paid-up insurance	Reduced paid-up insurance Amount of insurance							
J – Extended term	Extended term insurance Extended term period							
K – Other	Change the mode of payment to:	Preautho	orized debit	Quarterly OA Preauthorized Debit (Pr	AD) Agreement)			
	Change the dividend option to:	Cash Accumul	ation	Premium reduction	tion			
	(If one of the following 2 options is chosen, a declaration of insurability is required.)	One-yea	r term	Paid-up additio	ns			
L – Other changes	Other changes or information:							
S.I.N. (Canada) or S.S.N. (U.S.) Required by tax authorities if the contract generates interest income or a taxable gain. 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 Owner(s)		Date	*Title		Witness (18 years or over)			
Signature of existing beneficiary(ies), if need	cessary	Date	Witness (18 ye	ears or over)				