

Investment Account Transfers

Name of Owner ____

Name of Insured _____

Contract No.

Telephone ______

Investment Accounts

From	%	То	%
Daily Interest		Daily Interest	
1-Year Guaranteed Interest		1-Year Guaranteed Interest 1 year	
3-Year Guaranteed Interest		3-Year Guaranteed Interest	
5-Year Guaranteed Interest		5-Year Guaranteed Interest	
Balanced Balanced		Balanced	
Fixed Income		Fixed Income	
🔲 Canadian Dividend		Canadian Dividend	
🗆 U.S. Equity		U.S. Equity	
🗆 Money Market		Money Market	
Europe		☐ Europe	
🔲 True North®		□ True North®	
Harbour Growth & Income		Harbour Growth & Income	
□ S&P 500		□ S&P 500	
□ S&P/TSX		□ S&P/TSX	

Past and future investments (Please note that existing investment accounts will be closed and investments options will be adjusted.)

□ Future investments only (Unless notified otherwise, existing investment accounts will remain active and the investment options will remain the same.)

Special instructions _____

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

Signature of Owner(s)

Date

Date

*Title

Witness (18 years or over)

Signature of any existing beneficiary, if necessary

Witness (18 years or over)

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