

Important: Fill out in block letters and answer each section as accurately as possible.

Section A – Collection, Use and Disclosure of Personal Information

The personal information we collect in this form allows UV Insurance to terminate the contract.

The personal information is used to:

- ▶ Identify the individual
- ▶ Establish and update information and the needs of the individual, as appropriate
- ▶ Comply with legal and regulatory requirements, including tax rules and the prevention, detection and enforcement of offences, cyber threats and fraud.

The information disclosed on this form will be forwarded to the UV Insurance staff in charge of processing, as well as to any other person authorized by law.

Section B – Identification

Owner

1. Contract # _____
2. First name _____ Last name _____

Insured person

1. First name _____ Last name _____
2. Date of birth

Y	M	D
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Section C – Request details

I hereby request that UV Insurance terminate the above-mentioned contract. I understand that UV Insurance's obligations will cease for this contract as of the date of receipt of this request by its head office. By signing this form, I certify that I have read and understood the above.

Section D – Consent and Signatures

By signing, you understand that if any of your personal information is inaccurate, incomplete or ambiguous, you may request a correction by submitting a request to UV Insurance. You also have the right to request information about how your personal information is used.

In addition, you may withdraw your consent to the disclosure or use of your personal information at any time by making a request to the UV Insurance Privacy Officer at the following address: 1990 Jean-Berchmans-Michaud Street, Drummondville, QC J2C 7G7.

For more details, please visit our website and see our [Privacy Policy](#).

The undersigned confirms that they have reviewed the above information and agree to the collection, use and disclosure of the personal information contained herein. This consent also applies to the collection, use and disclosure of the beneficiaries' personal information, and the undersigned confirms that prior consent has been obtained from such beneficiaries.

Signatures

By signing below, the undersigned certifies that the information provided is complete and true and that a photocopy of this document is of the same value as the original.

X _____ Date

Y	M	D
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Owner's signature Signatory's name in block letters

X _____ Date

Y	M	D
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Irrevocable beneficiary's signature* Signatory's name in block letters

* If the beneficiary named on the contract is irrevocable, their signature is required. If the irrevocable beneficiary is deceased, attach proof of death.

Send the form to the following email address: ind.client@uvinsurance.ca

P.O. Box 696, Drummondville (Quebec) J2B 6W9 ■ Phone: 819 478-1315 ■ Toll-free: 1 800 567-0988 ■ Fax: 819 474-1990

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