UV INSURANCE

ASSURANCE INDIVIDUELLE

Request for advance payment on contract

FQC021

Contract # _____

First name of the Insured _____ Last name _____

Section A–Collection, Use and Communication of Your Personal Information

This form allows UV Insurance to collect your personal information in order to consider the reinstatement of your contract. Only duly authorized employees, agents and service providers will have access to this information in the normal course of the company's business.

In addition, your personal information is used, among other things, to:

- Confirm your identity;
- Establish and update the profile, needs and objectives;
- Comply with legal requirements, to prevent, detect or prosecute offences, cyber threats and fraud.

Section B–Owner's Identification

1. First name _____ Last name _____
2. Social Insurance Number ___ ___ ___ 3. Date of birth ___ ___ ___

Section C–Loan

I hereby request a loan in the amount of $ _____ in accordance with the 'advance' clause of my contract and request that this amount:

- ☐ be paid to me by direct deposit (attach a specimen cheque marked 'VOID')
- ☐ be applied to the payment of the premium(s) due under the following contract(s) _____
- ☐ be applied to the payment of insurance application # _____

Notes

Note: As specified in the specific provisions of your contract, this loan will be subject to interest, the rate of which will be determined annually by UV Insurance.

Section D–Consent

The information provided in this form will be shared with UV Insurance staff responsible for processing your loan request, as well as with any other parties authorized by law.

If any of your personal information is inaccurate, incomplete, or unclear, you may request a correction by getting in touch with UV Insurance.

You also have the right, upon request, to be informed about how your personal information is used.

Please note that you may withdraw your consent to the disclosure or use of your personal information at any time. For more details, visit our website at Privacy Policy – UV Insurance.

Section E–Signatures

I hereby certify that I have read and understood all the information provided in this document.

Signed in _____ Date ___ ___ ___

X _____ **X** _____

Signature of the owner | Signature of the irrevocable beneficiary*

* If the beneficiary designated in the contract is irrevocable, their signature is required to proceed with a request for a loan under the contract.

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