UV INSURANCE

INDIVIDUAL INSURANCE

Request for Accumulated Dividends

EQC026

Important: Please print and complete each section as accurately as possible.

Section A – Collection of Personal Information

The personal information we collect in this form allows UV Insurance to proceed with your request for accumulated dividends, including payment of the amount indicated in Section C.

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 responsible for processing, as well as to any other person authorized by law.

Section B – Identification

1. Contract # _____
2. Insured's first name _____ Last name _____
3. Owner's first name _____ Last name _____
4. Owner's Social Insurance Number ___ ___ ___
5. Owner's date of birth Y ____ M ____ D ____

Section C – Accumulated Dividends

By completing this form, I request that the accumulated dividends in the aforementioned policy be:

- ☐ Paid to me by direct deposit (attach a void cheque)
- ☐ Paid to me in full or as a partial payment of _____ $
- ☐ Applied toward payment of contract # _____ in the amount of _____ $
- ☐ Applied toward reducing the policy loan on contract # _____ in the amount of _____ $

Section D – Consent and Signatures

By signing, you understand that in the event 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 further details, please visit our website and consult 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.

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.

Signed in _____ Date Y ____ M ____ D ____

X _____ _____

Owner's signature | Irrevocable beneficiary's signature

*If the beneficiary named on the policy is irrevocable, their signature is required to proceed with a request for accumulated dividends.

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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