UV INSURANCE

INDIVIDUAL INSURANCE

Letter of Authority Non-residents

EQC081

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

Section A – Collection of Personal Information

The personal information we collect in this form allows UV Insurance to act as an agent for an individual residing outside of Canada. In addition, your personal information is used to:

- Identify you;
- **Act as agent for the purposes of forms T2062B "Notice of Disposition of a Life Insurance Policy in Canada by a Non-Resident of Canada" and TP-1102.3 "Payment of Income Tax by an Insurer on Behalf of an Individual Not Resident in Canada Further to the Disposition of a Life Insurance Policy"**
- **Act as agent for the remittance of the appropriate amount of tax to the Canada Revenue Agency and the Agence du Revenu du Québec in respect of the disposition of this Life Insurance Contract.**
- Comply with laws and regulations (in particular to prevent, detect, or prosecute offences, cyber threats, and fraud).

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

Section B – Nature of Request

1. Contract # _____
2. First name _____ Last name _____
3. Canadian social insurance number ___ ___ ___
4. Current address _____

   City _____ Province/State _____ Country _____ Postal code _____

Section C – Consent and signature

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.

Furthermore, upon request, you have the right to be informed of how we use your personal information.

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.

Signed in _____ Y ___ M ___ D ___

X _____ _____

Owner's signature | Signatory's name in block letters

EN-1023A (2026-10)

Send the form to the following email address: **Client :** ind.client@uvinsurance.ca / **Advisor :** According to the reference list
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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