UV INSURANCE

INDIVIDUAL INSURANCE

Reduced Paid-Up Insurance Application

EQC025

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

Contract # _____

First name of the Insured _____ Last name _____

Section A—Collection of Your Personal Information

Through this form, UV Insurance collects your personal information in order to process your request for reduced paid-up insurance, which allows you to remain insured for a reduced insurance amount without any additional premium payment.

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 and regulatory requirements, to prevent, detect or suppress offences, cyber threats and fraud.

Section B—Details Pertaining to the Request

Effective date of the change |__ __ __ __|__ __|__ __|

By submitting this form, I hereby surrender all rights to the above-mentioned contract to UV Insurance. I request that a reduced paid-up insurance contract be issued in its place, in accordance with the provisions of my contract.

Section C—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 D—Signatures

I hereby certify that I have read the information provided in sections (A) and (C).

Signed in _____ Date |__ __ __ __|__ __|__ __|

X _____
Signature of the owner

X _____ _____
Signature of the irrevocable beneficiary* Full name of the irrevocable beneficiary

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

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