



## Section C—Consent of the New Owner

1. First name \_\_\_\_\_ Last name \_\_\_\_\_
2. Date of birth \_\_\_\_\_
3. Gender at birth  F  M
4. Social Insurance Number \_\_\_\_\_
5. Relationship with the insured \_\_\_\_\_
6. Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_
7. Telephone \_\_\_\_\_
8. For tax purposes, are you a citizen, resident, or company incorporated outside Canada? (e.g., United States)?  No  Yes If **Yes**, please enter your tax identification number \_\_\_\_\_
9. If the current owner is a company, please indicate the federal and provincial business numbers.  
Federal \_\_\_\_\_ Provincial \_\_\_\_\_

### Signature of the New Owner

I, the undersigned, certify that I have read and understood the rights, titles, and privileges of the above-mentioned contract issued by UV Insurance, and agree to become the owner thereof. Furthermore, I hereby certify that I have read and understood the information provided in Section A—Collection, Use and Communication of Your Personal Information.

Signed at \_\_\_\_\_ Date \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of the new owner

## Section D—Signature of All Irrevocable Beneficiaries\*

\* If the beneficiary is irrevocable, their signature is required.

I, the undersigned, agree to be revoked as the irrevocable beneficiary of this contract. Furthermore, I hereby certify that I have read and understood the information provided in Section A—Collection, Use and Communication of Your Personal Information.

Signed at \_\_\_\_\_ Date \_\_\_\_\_

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Signature of irrevocable beneficiary(ies) Signature of irrevocable beneficiary(ies)

**Note:** If the revoked beneficiary or beneficiaries are deceased and were irrevocable, please attach proof of death.

## Section E—Consent of the Assignee(s) or Pledgee(s)\*

\* Only if the contract is hypothecated or assigned.

1. Name of the assignee or pledgee \_\_\_\_\_
2. Name of the authorized signatory \_\_\_\_\_ Title \_\_\_\_\_

I, the undersigned, consent to the requested change, subject to my rights as assignee of the above-mentioned contract. Furthermore, I hereby certify that I have read and understood the information provided in Section A—Collection, Use and Communication of Your Personal Information.

Signed at \_\_\_\_\_ Date \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of the assignee or pledgee | Authorized signatory

## Section F—For the Company's Use

UV Insurance acknowledges receipt of this application, but assumes no responsibility for its validity.

Processed by \_\_\_\_\_ Date | | | | | | | | | |

## Section G—Important Information

- ▶ When the owner is a company, its officers must sign this document and affix the company seal. If applicable, please attach a copy of the corporate resolution authorizing the change of ownership and designating the authorized signatory(ies).
- ▶ A change of ownership automatically revokes any previous beneficiary designation. The new owner must complete a Beneficiary Change Request Form to update this information.
- ▶ If the change of ownership involves a universal life insurance contract or a non-registered retirement savings plan, please complete the Owner Identity Verification Form.
- ▶ You may also complete the New Contingent Owner Form to designate, during your lifetime, the person who will become the owner of the insurance contract after your death. This designation may provide certain tax benefits. For more information, please reach out to your financial security advisor, accountant, or tax specialist.
- ▶ A change of ownership is considered a disposition for income tax purposes. The taxable portion of this disposition depends, among other factors, on the relationship between the current and the new owner. To better understand the tax implications, please reach out to your financial security advisor, accountant, or tax specialist.

