

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

Contract # _____	
First name of the insured _____	Last name _____
First name of the owner _____	Last name _____

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

Through this form, UV Insurance collects your personal information in order to process the transfer of ownership of the aforementioned insurance contract.

Your personal information may also be used specifically to:

- ▶ Confirm your identity;
- ▶ Establish and update the profile, needs, and objectives;
- ▶ Comply with legal and regulatory requirements (e.g., to prevent, detect or suppress offences, cyber threats, and fraud).

Section B—Contingent Owner Designation

1. First name _____	Name _____
2. Date of birth []-[]-[]-[]-[]-[]	3. Gender at birth <input type="checkbox"/> F <input type="checkbox"/> M
4. Address _____	
City _____	Province _____ Country _____ Postal code _____
5. Phone []-[]-[]-[]-[]-[]	6. Relationship with the insured _____

Section C—Declaration

By completing this form, you are adding the designation of a contingent owner. This designation will only take effect upon your death.

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 <https://www.uvassurance.ca/en/privacy-policy> "Privacy Policy - UV Insurance."

By signing this form, I certify that I have read and understood all the information contained in this document.

Signed at _____ Date []-[]-[]-[]-[]-[]

X _____
 Signature of the contract owner (if company, authorized signatory)

