

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

### Section A – Collection, Use and Disclosure of Personal Information

Through this form, the collection of personal information allows UV Assurance to identify the individuals who can sign for and on behalf of the Company identified in Section B below.

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 in charge of processing the claim, as well as to any other person authorized by law.

### Section B – Corporate and Contract Information

1. Full legal name \_\_\_\_\_
2. Contract # / Application # \_\_\_\_\_
3. This contract/application number applies to:  
☐ Individual Life Insurance   ☐ Critical Illness   ☐ Investment   ☐ Other \_\_\_\_\_
4. First name of insured person or annuitant \_\_\_\_\_ Last name \_\_\_\_\_

### Section C – Except from Resolutions (Nature of Request)

**BE IT RESOLVED** that the Corporation authorize the individuals identified in Section D to request UV Insurance to complete and sign the appropriate forms as follows:

- ☐ Change of address
- ☐ Change of ownership
- ☐ Change of beneficiary
- ☐ Change of payment method
- ☐ Redemption of the contract identified above
- ☐ Cancellation of the contract identified above
- ☐ Other \_\_\_\_\_

### Section D – Authorized Person(s)

The authorized person(s) whose names, titles and signatures appear below are authorised to sign, for and on behalf of the Company, any document relating to the request described in Section C above in connection with the contract identified above.

**Note:** For the prevention, detection and suppression of offences, cyber threats and fraud, the persons identified below must appear on the Business Register in the company's jurisdiction. UV Insurance may require any document it deems necessary to confirm the identity of said persons (e.g. copy of the business register, copy of the Company book, etc.)

#### Authorized Person 1

1. First name \_\_\_\_\_  
Last name \_\_\_\_\_
2. Title \_\_\_\_\_

**X** \_\_\_\_\_  
Signature

#### Authorized Person 2

1. First name \_\_\_\_\_  
Last name \_\_\_\_\_
2. Title \_\_\_\_\_

**X** \_\_\_\_\_  
Signature

## Section D – Authorized Person(s) (cont.)

### Authorized Person 3

1. First name \_\_\_\_\_

Last name \_\_\_\_\_

2. Title \_\_\_\_\_

**X** \_\_\_\_\_

Signature

### Authorized Person 4

1. First name \_\_\_\_\_

Last name \_\_\_\_\_

2. Title \_\_\_\_\_

**X** \_\_\_\_\_

Signature

## Section E – Consent and Signature

I, the undersigned, \_\_\_\_\_, ☐ Chairman, ☐ Secretary, ☐ Sole Shareholder of the company identified above, hereby certify that the foregoing is in accordance with the resolutions adopted by the Company for this purpose and that these resolutions have been adopted in accordance with the articles of association, regulations and other documents governing the Company identified above.

I further certify that these resolutions are still valid and in force, without amendment.

By signing, you understand that in the event any of your personal information is inaccurate, incomplete, or ambiguous, you may request a correction by contacting UV Insurance. You also have the right to request information about how your personal information is used.

In addition, the employee may withdraw their consent to the disclosure or use of personal information at any time by contacting 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 agrees to the collection, use and disclosure of the personal information contained herein.

**X** \_\_\_\_\_

Signature

\_\_\_\_\_  
Signatory's name in block letters

Date \_\_\_\_\_

Send the form to the following email address: [ind.client@uvinsurance.ca](mailto: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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