UV INSURANCE

INDIVIDUAL INSURANCE

Notice of movable hypothec without delivery

This form can only be used in Quebec.

EQC036

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

Section A — Collection, Use, and Disclosure of Personal Information

With this form, the collection of personal information allows UV Insurance to update the insurance contract by recording the presence of a movable hypothec without delivery.

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 – Identification

Contract # _____

Insured's first name _____ Last name _____

Section C – Contract Owner Information

1. First name _____ Last name _____
2. Date of birth Y M D

Section D – Lender Information

1. First name _____ Last name _____
2. Full legal name _____
3. Address _____

   City _____ Province _____ Country _____ Postal code _____
4. Phone: ___ ___ - ___ ___ Ext. _____

Lender Representative (if legal)

1. First name _____ Last name _____
2. Title _____

Section C – Request details

I hereby notify UV Insurance, in accordance with Article 2461 of the *Civil Code of Quebec,* that I have granted a movable hypothec without delivery in the amount of $ _____ on the contract nº _____ in favour of the lender mentioned above. I understand that upon my death, an audit will be conducted to determine if the hypothec is still valid and if a balance is owed to the lender, who will then be paid in priority before any payment is made to the beneficiary.

In the event that several transferable movable hypothecs without delivery are granted simultaneously, this will be constituted as:

☐ First ☐ Second ☐ Third

We understand that this form does not constitute a hypothec mortgage, but simply a notice to the insurer. We also understand that UV Insurance assumes no responsibility for the validity of the agreement between us. By signing this form, I certify that I have read and understood the above.

Section F – 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 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 more details, please visit our website and see 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.

By signing below, the undersigned certifies that the information provided is complete and true and that a photocopy of this document is of the same value as the original.

Signed in _____ Y M D

X _____ _____
Signature of lender (if legal, signing authority) | Signatory's name in block letters

Signed in _____ Y M D

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

X _____ _____
Irrevocable beneficiary's signature* | Signatory's name in block letters

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

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