

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, UV Insurance collects your personal information in order to proceed with your request for a change to your insurance policy, including a decrease in the amount of insurance or the removal of coverage.

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 request, as well as to any other person authorized by law.

Section B – Identification

Contract # _____

Insured's first name _____ Last name _____

Section C – Changes

Note: Provide a copy of the supporting document(s) related to the requested change (driver's license, birth certificate, change certificate, etc.)

Request to change personal information

Date of birth Y M D

☐ Sex _____

Request to decrease the amount of insurance

☐ Current amount \$ _____ New amount \$ _____

Provide details:

Request to remove coverage

☐ Name of coverage _____

☐ Name of insured _____

Request to add coverage

☐ Child rider (attach form EN-1054A Eligibility Questionnaire – Additional Coverages and EN-1029A beneficiary change request form)

☐ Credit rider (attach form EN-1028A – Credit Insurance Rider and the appropriate Eligibility Questionnaire depending on the contract issue type)

Insured benefit amount \$ _____ Choice of term ☐ 2 years ☐ 5 years ☐ to age 65

Other

☐ Change in payment frequency (if by pre-authorized debit, attach form EN-1040A Pre-Authorized Debit and a void cheque)

☐ Monthly to annual ☐ Annual to monthly (note that monthly is available by pre-authorized payment only)

☐ Contract separation / Unbundling (\$50 administrative fee, payable by cheque, pre-authorized debit or online via financial institution)

Section D – Additional Information

Provide details:

It is agreed that any change request that requires evidence of insurability shall not take effect unless all of the following conditions are met: any payment required for the change is paid in full; the Company's head office approves the change, during the lifetime of all insured persons, and to the best of my knowledge, all statements and responses given in the application continue to be true and complete as of the date on which the amended contract is issued.

Any requested changes that do not require evidence of insurability shall take effect from the date of this request unless a later date is specifically indicated, on the condition that the change is provided for by the policy or granted by the Company under the policy.

The policy without the change will continue in force subject to these provisions until the requested change takes effect. This request and any evidence of insurability of insured persons required by the Company constitute the application for the policy change and shall form an integral part of the contract.

Section E – Consent and Signatures

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, you may withdraw your consent to the disclosure or use of your 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. This consent also applies to the collection, use and disclosure of the beneficiaries' personal information, and the undersigned confirms that prior consent has been obtained from such beneficiaries.

Signatures

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 _____ Date

		Y						M					D
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X _____
Signature of an authorized representative

X _____
Owner's signature

X _____
Signature of an authorized representative

X _____
Insured's signature

X _____
Signature of an authorized representative

X _____
Signature of spouse (if family)

X _____
Irrevocable beneficiary's signature*

*If the beneficiary named on the policy is irrevocable, their signature is required to proceed with a change request.

Send the form to the following email address: 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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