UV INSURANCE

INDIVIDUAL INSURANCE

Conversion and Internal Replacement

Signature(s) required

EQC090

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 personal information to proceed with your request for conversion or exchange, including terminating this insurance contract in order to issue a new contract.

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.

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 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. 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.

Section B – Information

1. Conversion / replacement of contract # _____
2. New contract number _____
3. Insured's first name _____ Last name _____

☐ Section C – Change of Ownership Consent

Owner 1

First name _____ Last name _____

Owner 2 (if applicable)

First name _____ Last name _____

I hereby assign my rights and obligations with respect to the contract mentioned above. I understand that upon UV Insurance's acceptance of the new application # _____ , the Insured's coverage under the previous contract # _____ will be cancelled. I also understand that this conversion has tax implications and can, among other things, increase my taxable income. By signing this form, I certify that i have read and understood the above, including the information provided in Section A.

Signed in _____ Date Y M D

X _____ **X** _____

Owner 1 signature Owner 2 signature

☐ Section D – Consent of Irrevocable Beneficiaries (if applicable)

Beneficiary 1

First name _____ Last name _____

Beneficiary 2

First name _____ Last name _____

Beneficiary 3

First name _____ Last name _____

Beneficiary 4

First name _____ Last name _____

I understand that upon acceptance by UV Insurance of the new application # _____ , the Insured's coverage under the previous contract # _____ will be cancelled.

I hereby consent to no longer be named as an irrevocable beneficiary. I understand that I will no longer have any rights under this coverage. By signing this form, I certify that i have read and understood the above, including Section A.

Signed in _____ Date Y M D

X _____
Irrevocable beneficiary 1 signature*

X _____
Irrevocable beneficiary 2 signature*

X _____
Irrevocable beneficiary 3 signature*

X _____
Irrevocable beneficiary 4 signature*

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

☐ Section E – Lender Consent

Lender name _____

Authorized signatory's first name _____ Last name _____

Authorized signatory's title _____

I understand that upon UV Insurance's acceptance of the new application # _____ , the previous contract # _____ will be cancelled. I understand that my rights as a lender will then expire. I hereby authorize UV Insurance to proceed as requested.
By signing this form, I certify that I have read and understood the above. I hereby certify that I have read and understood the information provided in Section A.

Signed in _____ Date Y M D

X _____
Lender's signature

UV Insurance is a registered trademark of The Union Life Mutual Assurance Company.