UV INSURANCE

INDIVIDUAL INSURANCE

Release

EQC069

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

Section A – Collection, Use and Disclosure of Personal Information

The personal information we collect in this form allows UV Insurance to update the insurance contract by removing 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

Insured person

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

Owner

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

Section C – Lender Information

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

   City _____ Province _____ Country _____ Postal code _____
4. Phone _____ _____ - _____ ext. _____

Lender representative

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

Section D – Request details

I hereby request that UV Insurance remove the movable hypothec or pledge recorded on the contract # _____. I understand that, as a lender, in the event of the death of the above named insured, I waive all rights in respect of the amount of insurance payable. By signing this form, I certify that I have read and understood the above.

Section E – Consent and signatures

By signing, you understand that if any of your personal information is inaccurate, incomplete or ambiguous, you may request a correction by submitting a request to 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 making a request to 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 agree 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 has the same value as the original.

Signed in _____ Y M D

X _____ _____

Signature of the lender (if legal entity, authorized signatory) | Signatory's name in block letters

Signed in _____ Y M D

X _____ _____

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

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