UV INSURANCE

INDIVIDUAL INSURANCE

Change of contact information

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 process changes in your contact information.

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 – Contract Owner Identification

1. Contract number(s) to be updated _____
2. Owner's first name _____ Last name _____
3. Date of birth Y M D

Section C – New Contact Information

1. Please indicate whose contact information is to be changed ☐ Owner ☐ Insured ☐ Payor ☐ Power of attorney
2. Please provide the full name of the person residing at the new address, if it is not same as the owner's address.

   First name _____ Last name _____
3. Date of birth Y M D
4. New address _____

   City _____ Province _____ Country _____ Postal code _____
5. Home phone _____ - _____ 6. Cell phone _____ - _____
7. Office phone _____ - _____ ext. _____
8. Email _____
9. When will the new contact information take effect? Y M D

Section E – 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, 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 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.

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

X _____ _____

Signature of owner | Signatory's name in block letters

Send the form to the following email address: **Client:** ind.client@uvinsurance.ca / **Advisor:** As per reference list

P.O. Box 696, Drummondville (Québec) J2B 6W9 ■ Phone: 819 478-1315 ■ Toll-free: 1 800 567-0988 ■ Fax: 819 474-1990

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EN-1029A (2026-10)