

Important : Remplir en lettres moulées et répondre à chacune des sections avec le plus de précision possible.

Section A—Identification de la personne concernée

1. First Name of the person concerned _____ Last Name _____
2. **a)** Is this request for your own personal information, or are you making the request as an authorized representative?
☐ My own personal information ☐ I act as an authorized representative

b) If you answered "I act as an authorized representative" to the previous question, please indicate your role
☐ Representative ☐ Liquidator ☐ Heir ☐ Successor
☐ Life insurance or death benefit beneficiary ☐ Parental authority holder
3. Contract or certificate number _____
4. Your email address _____

Comments: An authorized representative is someone who acts as: (i) representative, heir or successor of the person concerned; (ii) liquidator of the estate, beneficiary of life insurance or death benefit; or (iii) parental authority.

In all cases, **you must prove your role and identity**. Please include your identification document or any other relevant supporting documents (e.g., a copy of the will in the event of a successor, heir or liquidator).

Note: Insurance uses a secure communication system for all document deliveries. To ensure confidentiality, you must use a valid email address that is unique to you and not shared with anyone else.

Section B—Scope of the Access Request

1. To properly define the request, please indicate the personal information you wish to access (by listing relevant documentations)

2. Please indicate the date range for your request: Between _____ and _____
3. Please indicate any other relevant information or specific details to help us process your request

Note: Please be aware that UV Insurance reserves the right to charge a reasonable fee for access requests. UV Insurance will obtain your consent before proceeding with such fees.

Section C—Consent, Confirmation and Signature

By submitting this request for access to personal information, I acknowledge that:

- a) The collection of my first name, last name, role as authorized representative (if applicable), contract or certificate number, and any other personal information provided enables UV Insurance to (i) verify my identity and assess my file to ensure proper handling of my request, and (ii) comply with legal and regulatory obligations related to the protection of personal information;
- b) If I submit this application as an authorized representative, I must attach a copy of a valid government-issued ID and provide proof of my authorization with any relevant documents;
- c) The right to access my personal information is not absolute and is subject to certain limitations. If UV Insurance is unable to grant me access, I shall receive an explanation of the reasons for the refusal and the legal basis for the decision;
- d) If access is granted, UV Insurance must take the necessary steps to ensure timely and secure access. For this purpose, UV Insurance gives priority to secure electronic communications;
- e) Only UV Insurance employees responsible for processing this request will have access to this form;
- f) UV Insurance has thirty (30) days to respond. The time limit begins once UV Insurance receives this form. If the form is submitted on a statutory holiday, the deadline begins on the next business day. UV Insurance will send me an acknowledgement of receipt within five (5) working days;
- g) If the request is not sufficiently clear or if I submit a request to UV Insurance, the person in charge will assist me as quickly as possible in identifying the required information;
- h) In the event that any of said personal information is inaccurate, incomplete or unclear, you may request that it be corrected by submitting a request to UV Insurance;
- i) At any time, I may withdraw my consent to the communication or use of my personal information.

For more details, please visit our website and consult our [**Privacy Policy**](#).

By signing this form, I confirm that I have read all the information above and declare that, to the best of my knowledge, the details I have provided are complete and accurate.

X _____ Date _____
Applicant's signature Signatory's name in block letters