

OWNERSHIP CHANGE (ABSOLUTE ASSIGNMENT)

Acceptational Life™ is insured and underwritten by Co-operators Life Insurance Company and is distributed by Hunter McCorquodale and its contracted sales advisors.

BENEFICIARY AND TRUSTEE DESIGNATION

I (We), _____, **the existing policy owner(s)** identified in Policy/Application Number(s) _____, do hereby absolutely assign Ownership of the Policy to:

PRIMARY POLICY OWNER(S)

If the new owner is other than an individual, provide the Authorized Signing Officers information below. Minors under age 16 are not permitted to own life insurance policies. In Quebec, minors under age 18 are permitted to own life insurance policies only if emancipated.

1. Policy Owner _____ Date of Birth _____
First Initial Last MMM/DD/YYYY
 Address _____
Street City Province Postal Code
 Relationship to Life Insured _____ Social Insurance Number _____
2. Policy Owner _____ Date of Birth _____
First Initial Last MMM/DD/YYYY
 Address _____
Street City Province Postal Code
 Relationship to Life Insured _____ Social Insurance Number _____
3. Policy Owner _____ Date of Birth _____
First Initial Last MMM/DD/YYYY
 Address _____
Street City Province Postal Code
 Relationship to Life Insured _____ Social Insurance Number _____

CONTINGENT POLICY OWNER(S)

Contingent owners only apply in the event of the death of **all** primary owner(s) **unless otherwise specified**.

1. Policy Owner _____ Date of Birth _____
First Initial Last MMM/DD/YYYY
 Address _____
Street City Province Postal Code
 Relationship to Life Insured _____ Social Insurance Number _____
2. Policy Owner _____ Date of Birth _____
First Initial Last MMM/DD/YYYY
 Address _____
Street City Province Postal Code
 Relationship to Life Insured _____ Social Insurance Number _____
3. Policy Owner _____ Date of Birth _____
First Initial Last MMM/DD/YYYY
 Address _____
Street City Province Postal Code
 Relationship to Life Insured _____ Social Insurance Number _____

AUTHORIZED SIGNING OFFICER(S)

If the new owner is other than an individual (e.g. company, partnership or other entity), indicate the name and position of the signing officers authorized to sign on behalf of the entity for any policy change to be effective.

1. Name _____
First Name Initial Last Name
 Position _____ BIN Number _____
Mandatory for Quebec Only
2. Name _____
First Name Initial Last Name
 Position _____ BIN Number _____
Mandatory for Quebec Only

BENEFICIARY AND TRUSTEE DESIGNATION (CONTINUED)

PREMIUM MODE

Premium Mode to be: Unchanged Changed If changed, select choice below:

PAD Attach a void cheque and the Request for Pre-Authorized Debit (PAD) Plan Form (AL PAD).

Note: This form must be completed when the payor has changed.

Payroll

Semi-Annual

Annual

It is agreed and understood that:

1. This change of Ownership does NOT affect any existing Beneficiary Designation for the Policy. To change the beneficiary, a new Revocable Beneficiary Designation (AL RBD) must be completed;
2. All rights and obligations accruing to the Owner pursuant to the Policy (including but not limited to the obligation to pay premiums and the right to designate a beneficiary) now accrue to all newly named Owners;
3. This Ownership change must be executed before the new Beneficiary Designation can be completed;
4. The parties expressly agree to the language of preference as English French; and
5. All parties signing this Ownership Change form authorize the release of their name and address at any time while their policy is in force to companies associated with the Co-operators for the purpose of receiving information about other insurance products and services. (If you have checked "No", the company will still communicate with you regarding your life insurance coverages and enhancements that may become available.)

INSTRUCTIONS

SIGNATURES

1. Owner(s) – **Ownership changes must be signed and dated by all existing owner(s) of the policy or, where the policy is company-owned, by person(s) authorized to bind the company as set out in the company's by-laws or other documentation. The person(s) signing this form must initial any corrections to this form.**
2. Preferred/Irrevocable Beneficiary(ies) – The preferred or irrevocable beneficiary(ies) signature is required.
3. Assignee(s) – The assignee(s) signature is required.

OWNER TYPES

Both primary and contingent owners may be named, but it is not necessary to designate both. Contingent owners only apply in the event of the death of the primary owner(s).

OWNER INFORMATION

Print the full name of the owner(s), birth date, relationship of the owner(s) to life insured, social insurance number and address. If the new owner is other than an individual (e.g. company, partnership or other entity), indicate the name and position of the signing officers authorized to sign on behalf of the entity for any policy change to be effective and attach a copy of any document establishing signing authority.

AGE OF OWNER

Minors under age 16 are not permitted to own life insurance policies. In Quebec, minors under age 18 are permitted to own life insurance policies **only** if emancipated.

BENEFICIARY DESIGNATIONS

Any change of ownership **does NOT** void an existing beneficiary designation for the policy. To change the beneficiary, a new Revocable Beneficiary Designation (AL RBD) must be completed.

PREMIUM MODE

The new owner(s) may elect to change the premium mode.

DEATH OF EXISTING OWNER

1. In case of death of the existing Owner, where a Contingent Owner is named, simply send a copy of the death certificate of the existing Owner, and the Ownership will be changed automatically.
2. In case of death of the existing Owner, where a Contingent Owner is not named, send a copy of the death certificate of the existing Owner. A copy of the Will or Letters of Administration must accompany this form. The Executor/Administrator of the Estate must sign the form. The following forms must also be completed and submitted:
 - a) Request for Pre-Authorized Debit (PAD) Plan Form (AL PAD)
 - b) Revocable Beneficiary Designation (AL RBD)

CHARITABLE ASSIGNMENTS

Any change of Ownership voids any existing Beneficiary Designation must be made and executed by all the named Owners. Beneficiary Designation for charitable assignments must be the Charitable Owner.

PRE-AUTHORIZED DEBIT (PAD)

1. The Request for Pre-Authorized Debit (PAD) Plan Form (AL PAD) must be completed when the payor has changed.
2. When the payor has changed, attach a new void cheque.

Co-operators Life Insurance Company Privacy Statement

The Co-operators is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

At The Co-operators, we recognize and respect the importance of privacy. When you enrol for insurance coverage or submit a claim, we establish a confidential file and collect, use and disclose your personal information for the purposes of issuing, administering, adjudicating and/or servicing your insurance. You may access and correct, if needed, the personal information in your file by sending us a request in writing.

We limit access to your personal information to our staff and other persons we have authorized who have a need to know it to perform their duties. Our systems and procedures are designed to prevent the loss, misuse, unauthorized access, disclosure, alteration, or destruction of your information. Our commitment to security extends to the contracts and agreements we sign with external suppliers and service providers. We may store or process your personal information in Canada, the United States or other countries for processing, storage, analysis or disaster recovery and, under applicable law, governments, courts, law enforcement or regulatory agencies, may, by lawful order, obtain disclosure of your personal information. You can find more details about The Co-operators privacy policy at www.cooperators.ca. If you have any questions regarding our privacy policies or about the collection, use and disclosure of your personal information, please contact our Privacy Officer at The Co-operators at Priory Square, Guelph, ON, N1H 6P8, Tel: 1-888-887-7773, E-mail: privacy@cooperators.ca (please include The Co-operators company you deal with in your inquiry).

If you do not agree with our use and disclosure of your information in connection with your application and servicing any policy that we issue, we will not be able to offer you the insurance product you are interested in, service your insurance or adjudicate your claim.

I declare and certify that the above information is true and complete and shall form part of my Application. I understand the personal information provided on this form will be used by Co-operators Life Insurance Company for underwriting purposes, and for any other lawful purpose in accordance with applicable federal and provincial laws. I also understand that Co-operators Life Insurance Company is relying on the information I have provided and if I have misrepresented any information, that Co-operators Life Insurance Company will be entitled to void my policy(ies).

Applicant Signature _____ Date _____
MMM/DD/YYYY