



POLICY CHANGE REQUEST

Box 557, 100 King Street West,
Hamilton, ON. L8N 3K9

POLICY NUMBER: _____

NAME OF INSURED: _____

NAME OF CURRENT
POLICY OWNER _____

The policy Owner hereby requests the following change(s):

CHANGE OF OWNERSHIP:

I hereby assign and transfer all my rights, title and interest in and said policy, to the new owner named below, hereby fully releasing any claims of any nature whatsoever that I may have under the said policy.

Printed Name of New Owner: _____

Premium Notice: Attn: _____

Address: _____

City, Province, Postal Code: _____

CHANGE OF NAME: Insured Owner

New Name (Please Print) _____

Reason: Marriage? Divorce? Correction?

Other: _____

SIGNATURES ARE REQUIRED FOR ALL REQUESTS

Dated at _____ this _____ day of _____.
(City, Province) (Day) (Month, Year)

Signature of Owner (current Owner)

Signature of New Owner (if applicable)

Signature of Witness

Signature of Irrevocable Beneficiary (if any)

Note: If any owner, or beneficiary is a corporation, two officers of that corporation must sign this form (one officer if the corporate seal is affixed) giving their full name and stating their title.