

Concerning policy number: \_\_\_\_\_

I, the undersigned\*, \_\_\_\_\_, transfer  
(First name, Name)

all benefits forming part of the above policy.

1. The benefit \_\_\_\_\_  
issued on the life of \_\_\_\_\_

2. The benefit \_\_\_\_\_  
issued on the life of \_\_\_\_\_

For true and valid consideration, I, the undersigned, revoke the existing beneficiary under the above benefits and assign all my rights, titles and interests with regard to such benefits to:

DETAILS OF NEW POLICYHOLDER	
Name of <b>new</b> policyholder _____	Relationship with former policyholder _____
Social Insurance Number (if available) (to be used for taxation purpose only)	_____
Address: _____	
_____ Street	_____
_____ City	_____ Postal Code
Tel. Home: (____) _____	Office: (____) _____
Signed at _____, this _____ day of _____ 20 _____	
_____ Witness	_____ *Signature of transferor policyholder

ACCEPTANCE BY NEW POLICYHOLDER ( where applicable)	
<i>The new policyholder must sign if he or she is not paying the premiums or if premiums are no longer required.</i>	
I, the undersigned, agree to the assignment on my behalf, for all legal purposes, of the above benefits, except for any premium waiver benefit attached to the person of the previous policyholder.	
Signed at _____, this _____ day of _____ 20 _____	
_____ Witness	_____ Signature of transferee policyholder

The policyholder must initial any change, addition or modification.  
Registration of this assignment in the Insurer's records does not guarantee its validity

**(See reverse)**

**CONSENT OF IRREVOCABLE BENEFICIARY (where applicable)**

I, the undersigned, irrevocable beneficiary, hereby consent to be revoked as the beneficiary under the benefits described above.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of irrevocable beneficiary

The policyholder must initial any change, addition or modification.

Registration of this assignment in the Insurer's records does not guarantee its validity.