

P.O. Box 4241, Station A Toronto, ON M5W 5R3 Telephone: 1-800-846-5970

Request for Change of Servicing Representative

Policyholder Request to Change Policy Servicing Representative	
This section is to be authorized by the Policyholder/Ov	vner and submitted to the New Representative.
l,Policyholder (Owner)	request that
replace my current servicing representative for the follo	·
replace my current servicing representative for the roll	owing policy(les) with wari.
Policy(ies):	
By signing this form, you authorize ivari to change info	rmation on your policy(ies) as indicated above.
Policyholder's (Owner) Signature	Date (DD/MM/YYYY)
Tolleyholder's (Owner) Signature	Date (bb/MM/TTT)
Policyholder's (Owner) Signature	Date (DD/MM/YYYY)
Representative Authorization	
	ative and submitted to the Distributor Office or Dealer and forwarded to ivari's
Head Office. Investment Product business will be trans request is received at Head Office.	ferred for both servicing, future commissions and overrides effective the date this
request is received at nead Office.	
New Representative Name	New Representative/Advisor Code
New Representative Signature	New Distributor Office/Dealer Code
new representative signature	New Distributor Office, Deater Code
Diagon wood in a Wo Duly page Duly and the state of the s	and have been been also your managed information. We make their Different
Policy from time to time.	and how ivari handles your personal information. We may update this Privacy



The fastest and easiest way to send us your completed and signed forms is through our online tool, Send documents on ivari.ca. By using this tool, forms are sent instantly and securely.

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