



# Contact Information Change

500-5000 Yonge Street  
Toronto, ON M2N 7J8  
Telephone: 1-800-846-5970  
Fax: 1-800-661-7296

Please indicate policy/account number or advisor code: \_\_\_\_\_

## 1 Advisor/Owner 1 information

Last name/Corporate name*		First name	Initial(s)
Date of birth (DD/MM/YYYY)	Phone number	Email**	

### CURRENT MAILING ADDRESS (If a PO box or General Delivery Address, you must provide your Residential Address)

Current mailing address (Street number and name)			Apt.
City	Province	Postal code	Country

**Residential Address:** physical location of where you live or place of business (Unit/Apt #, Street number, Street name, City, Province, Postal Code)

### PREVIOUS MAILING ADDRESS

Previous mailing address (Street number and name)			Apt.
City	Province	Postal code	Country

## 2 Owner 2 information

Last name/Corporate name*		First name	Initial(s)
Date of birth (DD/MM/YYYY)	Phone number	Email**	

### CURRENT MAILING ADDRESS (If a PO box or General Delivery Address, you must provide your Residential Address)

Current mailing address (Street number and name)			Apt.
City	Province	Postal code	Country

**Residential Address:** physical location of where you live or place of business (Unit/Apt #, Street number, Street name, City, Province, Postal Code)

### PREVIOUS MAILING ADDRESS

Previous mailing address (Street number and name)			Apt.
City	Province	Postal code	Country

## 3 Authorization **NOTE: REQUEST CANNOT BE PROCESSED WITHOUT THE REQUIRED SIGNATURE(S).**

**Advisor/Owner 1** Date: (DD/MM/YYYY) \_\_\_\_\_

**Owner 2** Date: (DD/MM/YYYY) \_\_\_\_\_

Signed at (City) \_\_\_\_\_ (Province) \_\_\_\_\_

Signed at (City) \_\_\_\_\_ (Province) \_\_\_\_\_



Name (Print) \_\_\_\_\_

Name (Print) \_\_\_\_\_

Job title (If corporate owned) \_\_\_\_\_

Job title (If corporate owned) \_\_\_\_\_

\* If the Advisor/Owner is a corporation, the signature(s), name(s) and title(s) of the authorized signing officer(s) thereof are required, together with the full legal name of the corporation.

\*\* By providing my email address above, I/we consent to receiving promotional messages from ivari by email, text or other electronic means and I/we authorize ivari to share my/our personal information (which will not include health or financial information) with third-party marketing providers.

You may withdraw your consent at any time by contacting us at ivari by mail at 500-5000 Yonge Street, Toronto, Ontario M2N 7J8, by phone at 1-800-846-5970 between the hours of 8:00 a.m. and 7:00 p.m. ET, Monday to Friday, or by fax at 1-800-661-7296.

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