



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

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

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

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

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) _____



Name (Print) _____

Job title (If corporate owned) _____

Signed at (City) _____ (Province) _____



Name (Print) _____

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.

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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.