



Request for Change of Servicing Representative

Policyholder Request to Change Policy Servicing Representative

This section is to be authorized by the Policyholder/Owner and submitted to the New Representative.

I, _____ request that _____
Policyholder (Owner) New Representative

replace my current servicing representative for the following policies with *ivari*.

Policies: _____

If policy number unknown:

Policy Owner's date of birth: _____ Policy Owner's SIN (Optional): _____
(DD/MM/YYYY)

By signing this form, you authorize *ivari* to change information on your policy as indicated in the previous sections.

I/We have read and fully understood the contents of the **NOTICE OF DISCLOSURES** below and acknowledge and consent to the collection, use and disclosure of my/our personal information by *ivari* and its affiliates for the purposes identified therein.

Policyholder's (Owner) Signature Date (DD/MM/YYYY)

Policyholder's (Owner) Signature Date (DD/MM/YYYY)

Representative Authorization

This section is to be completed by the New Representative and submitted to the Distributor Office or Dealer and forwarded to *ivari's* Head Office. Investment Product business will be transferred for both servicing, future commissions and overrides effective the date this request is received at Head Office.

New Representative Name (please print) New Representative/Advisor Code

New Representative Signature New Distributor Office/Dealer Code

Notice of Disclosures

NOTICE REGARDING COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

The personal information provided in this form will form part of the file established and maintained at *ivari's* head office. The information in your file may be used for the **purposes of servicing your policy and investigation and claim analysis.**

Your SIN is requested and will be used by *ivari* for identification purposes only. Providing your SIN is OPTIONAL and intended to streamline the servicing process. You may withdraw your consent to use of your SIN at any time, by contacting *ivari*.

Your personal information may be shared with your independent insurance advisor and the managing general agencies, distributors and market intermediaries and their employees with which your advisor is associated for purposes identified above. Your banking information may be disclosed to the financial institution(s) processing your pre-authorized debit payments. If necessary, your personal information may also be shared with your beneficiaries in relation to a claim.

Your personal information may be securely used, stored or accessed in other countries and may be subject to the laws of those countries. For example, personal information may be disclosed in response to demands or requests from government authorities, courts or law enforcement in these countries.

We have safeguards to protect your personal information; however, in the event of an unauthorized access, disclosure or use of your personal information, there is a possibility that you may experience: identity theft, negative effects on a credit record, financial loss, embarrassment or damage to reputation. If *ivari* believes that you face a real risk of significant harm, *ivari's* Privacy Office will notify you of the data breach and suggest steps to reduce your risk of harm.

Subject to exceptions set out in applicable legislation, you may access your file and request corrections to your personal information by sending a written request.

To make a request or to learn about the measures we take to protect your personal information, please write to: **Privacy Office, *ivari*, 500-5000 Yonge Street, Toronto, Ontario, M2N 7J8.**

To review the company's privacy policy, please visit **ivari.ca**.



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