

Policy Service Application

Policy number(s): _____

Indicate the requested change and complete the required section(s) for that change(s).

I WANT TO...(SELECT ALL THAT APPLY)	COMPLETE THE FOLLOWING SECTIONS	ADDITIONAL INFORMATION
Decrease the sum insured, face amount or benefit	<ul style="list-style-type: none"> Section 1, 2 Sign in Section 12 	For universal life policies, a surrender charge may apply.
Cancel a rider or coverage	<ul style="list-style-type: none"> Section 1, 3 Sign in Section 12 	For universal life policies, a surrender charge may apply.
Elect the Term exchange option	<ul style="list-style-type: none"> Section 1, 4 Sign in Section 12 	The effective date of the change will be the Policy's monthly anniversary date closest to the date the request is received at <i>ivari's</i> Head Office.
Make a withdrawal from my policy's value <i>This transaction may cause a taxable consequence</i>	<ul style="list-style-type: none"> Section 1, 5a, 7 Sign in Section 12 Include your SIN # in Section 1 	Select one partial surrender option. Select how you want to be paid in Section 7 and if applicable attach Void cheque or bank letter.*
Cancel/surrender my policy <i>This transaction may cause a taxable consequence</i>	<ul style="list-style-type: none"> Section 1, 5b, 7 Sign in Section 12 Include your SIN # in Section 1 	Select how you want to be paid in Section 7 and if applicable attach Void cheque or bank letter.*
Take a loan against my policy's value <i>This transaction may cause a taxable consequence</i>	<ul style="list-style-type: none"> Section 1, 6, 7 Sign in Section 12 Include your SIN # in Section 1 	Select one loan type. Select how you want to be paid in Section 7 and if applicable attach Void cheque or bank letter.*
Set up policy loan repayments	<ul style="list-style-type: none"> Section 1, 8 Sign in Section 12 	
Request a policy split or severance	<ul style="list-style-type: none"> Section 1, 9 Sign in Section 12 <i>Pre-authorized Debit (PAD) for Insurance Products (PS375) form</i> <i>Notice of Transfer of Ownership for Insurance Products (PS371) form and Change of Beneficiary (PS367) forms, if applicable</i> 	Policy ownership will NOT change if a <i>Notice of Transfer of Ownership for Insurance Products (PS371) form is not submitted, ensure you consider who the Policy Owner(s) on the new and existing policies should be.</i> <i>Not all policies can be split or severed (consult the provision of your contract).</i> A \$50 administration fee is required for EACH new policy issued except for former NN Life policies.
Update/correct my name	<ul style="list-style-type: none"> Section 1, 10 Sign in Section 12 	Your new signature and old signature are required for verification purposes in Section 10.
Request a duplicate contract Statement of coverage (no charge)	<ul style="list-style-type: none"> Section 1, 11 Sign in Section 12 	A \$50 fee is required unless otherwise specified see Section 11 for fee details. A statement of coverage is provided free of charge which provides coverage details including death benefit amount, beneficiaries expiry dates, etc.

*Void cheque must be preprinted with owner's name or, bank letter must be stamped or signed by your bank. Note we may contact you directly for verification purposes.

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Section 1 Policy Owner contact information (Please complete)

Policy number(s): _____

Insured name(s) (if change of name, show old name here and complete question 10)

Owner's name(s)	Owner's SIN	<i>You must provide your Social Insurance Number (SIN) if you are requesting a surrender/loan or any other type of redemption for tax reporting purposes</i>
Owner's name(s)	Owner's SIN	
Owner's telephone number(s) (Home/Business)	Mobile	
Owner's email address*		

How should we contact you if we have a question about this specific request?

Email Through my advisor Other _____

Owners current address (Street number and name) Apt.

City	Province	Postal code	Country
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Is this a new address? Yes No

Section 2 Decrease – Sum Insured, Face Amount or Benefit

IF CLIENT IS CANCELLING ENTIRE POLICY, PLEASE COMPLETE SECTION 5 b)

On the life of _____ from \$ _____ to \$ _____

On the life of _____ from \$ _____ to \$ _____

Change planned periodic premium/deposit to \$ _____ **Note:** Must meet plan minimum.

Effective date of the change will be the Policy's monthly anniversary date closest to the date the request is received at *ivari* Head Office. A surrender charge may apply during the surrender charge period. This amount will be withdrawn from the fund value of your policy.

Section 3 Rider or coverage cancellation

IF CLIENT IS CANCELLING ENTIRE POLICY, PLEASE COMPLETE SECTION 5 b)

Plan _____ on the life of _____

Plan _____ on the life of _____

Change planned periodic premium/deposit to \$ _____

Effective date of the change will be the Policy's monthly anniversary date closest to the date the request is received at *ivari* Head Office. A surrender charge may apply during the surrender charge period. This amount will be withdrawn from the fund value of your policy.

Section 4 Term exchange program

I/We elect to exchange from a 10 year term to a: 20 year term 30 year term

Life Insured	Face amount**	Base or Rider	Coverage number
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Effective date of the change will be the Policy's monthly anniversary date closest to the date the request is received at *ivari* Head Office. **All coverages must meet plan minimum face and premiums amounts.

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Section 5 Surrender request

PAYMENT DETAILS IN SECTION 7 MUST BE COMPLETED

a) Partial surrender:

I/We elect a partial surrender of \$ _____ net gross (if not selected, it will default to net)

Maximum partial surrender

Maximum surrender less balance of cost of insurance charges based on billing mode

10% free partial surrender (Refer to Cost and Provisions in the Contract)

Money is to be withdrawn from: registered non-registered

If your policy was issued with a level death benefit, the Face Amount will be reduced by the gross partial withdrawal. If there is more than one universal life coverage, the Face Amount(s) will be reduced proportionately in accordance with the terms of your contract.

b) Full surrender (cancel policy):

I/We elect a full surrender/cancellation

A surrender charge may apply during the surrender charge period. This amount will be withdrawn from the fund value of your policy.

Section 6 Loan request

PAYMENT DETAILS IN SECTION 7 MUST BE COMPLETED

I/We request a loan in accordance with the policy provisions:

Loan type: **Select one. (Note: If you have an existing loan, the loan type option will default to your current loan type)**

Fixed Interest Option loan/Fixed Investment Option loan

Standard loan (only applicable to certain policies, refer to your contract)

Requested loan amount: \$ _____ maximum loan available ILS Maximum loan

If you are taking a loan as part of a financial planning concept that utilizes the deductibility of the loan interest, speak with your independent financial advisor to ensure that the loan type selected satisfies the objectives of that arrangement.

An *Allocation form* (PS425) will be required if money is in fund(s) where a loan is not allowed. Refer to the contract for further details.

Section 7 Payment options for surrender, withdrawal or loan

IF NO OPTION SELECTED WE WILL ISSUE A CHEQUE TO THE OWNER

Select payment type: Pay by direct deposit to your bank account. Select **one** of the 2 options below:

Use banking information currently on file (payor must be same as Owner, otherwise a cheque will be mailed to the Owner)

Use banking information on attached VOID cheque (void cheque must be pre-printed and in Owner's name). If submitting a letter/direct deposit form from your financial institution, it must be stamped by your bank otherwise a cheque will be mailed to the Owner.

Mail cheque to Owner

Mail cheque to distributor

Mail cheque to advisor (If sending to advisor Owner must sign here): _____

Section 8 Policy loan repayment

Loan repayment must be clearly marked as such; otherwise, it will be considered a premium payment.

Enclosed is a loan repayment in the amount of \$ _____

Increase my PAD withdrawal by \$ _____ for my loan repayment.

(only available if you are currently paying premiums through Pre-authorized debit (PAD)).

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Section 9 Policy split or severance

I/We request a policy split in accordance with the policy provisions.

Not all policies can be split or severed (consult the provisions of your contract). If any information differs from the original policy, please complete and submit signed forms: (click form to download)

- *Notice of Transfer of Ownership for Insurance Products (PS371)* form
- *Change of Beneficiary (PS367)* form
- *Pre-authorized Debit (PAD) for Insurance Products (PS375)* form.

A \$50 administration fee is required for EACH new policy issued except for former NN Life policies.

Cheque is enclosed.

Fee to be paid by a one time withdrawal from the bank account on file.

Fee to be paid by a one time withdrawal using new void cheque attached.

For Joint First-to-Die policies, if any joint insured(s) were issued with a sub-standard rating, underwriting is required on each rated joint insured. Complete the *Policy Change Application (LP386)*.

For Joint Last-to-Die policies, if any joint insured(s) were issued with a sub-standard rating, policy split is not available.

Effective date of the change will be the Policy’s monthly anniversary date closest to the date the request is received at *ivari*’s Head Office.

Section 10 Name change

Use this section to update or correct a name, for example; due to marriage, legal name change, etc. Do not use this section to designate a new policy owner or beneficiary.

Insured Owner Beneficiary Payor New name: _____

Reason (marriage, court order, etc.): _____

A copy of the name change documentation must be submitted. *ivari* is now authorized to transact any business under the Policy in the new name.

Corporations: please attach articles of amalgamation/amendment showing correct legal name.

Please provide old/new signatures as indicated below

Old signature

New signature

Section 11 Duplicate policy request – lost policy declaration and indemnification

I/We request a duplicate contract

I/We request a statement of coverage free of charge.

\$50 fee enclosed: Yes No **Note:** If \$50 fee is not enclosed no duplicate policy will be issued.***

I request that *ivari* issue a duplicate Policy, or statement of coverage, because the original Policy is lost or destroyed. Other than as shown on the records of *ivari*, to the best of my knowledge and belief, no other person has any claim or interest in the Policy or possession of it:

No exceptions

Exceptions noted in Remarks section. The appropriate consent(s) and/or release(s) must be submitted together with your request.

In consideration of the issuance of a duplicate Policy, or statement of coverage, I agree to indemnify *ivari* from all losses which may directly or indirectly result from the granting of this request. I further agree that the duplicate Policy, if issued, is provided as a customer service only and does not replace the terms of the original Policy contract including any amendments/endorsements attached thereto by *ivari* at the time of issue or thereafter.

*** As legislated, no charge for the first duplicate request for owner(s) residing in the provinces of Alberta, British Columbia, Ontario and Manitoba.

Surrender/Partial withdrawal declaration

Upon payment of a partial surrender amount under the policy, *ivari* shall have no further liability with respect to the amount so paid; and Upon payment of the full surrender amount under the policy, *ivari* will be discharged from all of its obligations and liabilities under the policy and all related documents. The policy is hereby discharged and terminated.

Each of the undersigned declares that no proceedings in bankruptcy are pending against him/her/it and that his/her/its property is not subject to any assignment for the benefit of creditors, or to any lien, and that the policy is free of encumbrances, except as follows:

None

Exceptions noted in Remarks section. The appropriate consent(s) and/or release(s) must be submitted together with your request.

If the Policy is currently assigned, the request must be signed by the Assignee or accompanied by a release of assignment in the form acceptable to *ivari*. If the request is made by the Owner's personal representative, the request must be accompanied by a notarial copy of the probated will or letters of administration. If the request is made by the Owner's Committee or Guardian a court order authorizing same is required.

Notice regarding collection, use and disclosure of personal information

The personal information provided in this application will be added to and form part of the file *ivari* has established and continues to maintain at its head office. It may be used to service your policy and for investigation and claims analysis. It may also 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 and *ivari's* reinsurers for such purposes. If necessary, it may also be shared with your beneficiaries to process a claim.

You have the option to provide your Social Insurance Number (SIN) now to avoid any future delays. It will be used only for tax reporting, and record keeping, as needed. Certain transactions requested under the universal life policy may require you to provide your SIN before processing. You may withdraw consent at any time by contacting *ivari's* **Client Services** department using the contact number listed on your policy.

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.

You may access your file and request corrections to your personal information by sending us a written request to:

Privacy Officer, ivari, 500-5000 Yonge Street, Toronto, ON M2N 7J8.

***Canada's anti-spam legislation** regulates the distribution of email messages to consumers. To comply with this law, *ivari* is required to obtain your consent for the purposes of sending you email messages regarding policy information, product information and marketing material. By providing your email address, you consent to receiving email messages as outlined above from *ivari*. You may withdraw your consent at any time by contacting *ivari*.

Remarks (please indicate section number)

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Section 12 Signatures

ALL OWNERS MUST SIGN

I/We have read and fully understand the contents of the notice regarding collection, use and disclosure of personal information as stated above 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.

Signed at (city) _____ in the province of _____ on _____
(DD/MM/YYYY)

Signature of Policy Owner *(include name and title if Owner is an Entity)*

Signature of Witness

Signature of Policy Owner *(include name and title if Owner is an Entity)*

Signature of Witness

Signature of Preferred/Irrevocable Beneficiary *(If applicable)*

Signature of Witness

Assignee signature *(name and title of person signing and bank stamp for financial institutions)*

If the Owner is an Entity, the signature, name and title of the authorized signing officers thereof are required, as stated in the by-laws of the Entity, together with the full legal name of the entity.

Distributor/Advisor information

Distributor's/Advisor's office _____

Independent advisor _____ Code _____



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