

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.

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 New Representative/Advisor Code

New Representative Signature New Distributor Office/Dealer Code

Notice regarding collection, use and disclosure of personal information – (Privacy Notice)

ivari's Privacy Policy, available at ivari.ca, tells you how ivari will handle your personal information as an Owner or Insured. It also tells you about your rights and choices.

In summary:

ivari uses your personal information for the following purposes:

- Verifying your identity;
- Evaluating your application and any applications or forms you submit in the future about the insurance you have in place with ivari;
- Administering and servicing the policy;
- Supporting business operations necessary for us to service the policy;
- Conducting investigations and analyzing claims; and
- Complying with our legal and regulatory obligations (such as tax reporting, compliance with anti-money laundering and anti-terrorist financing laws, and prudential and market conduct laws) and/or any legal or regulatory orders (for example, a court order, subpoena) against ivari.

It is optional to provide your Social Insurance Number (SIN) on this application. However, if you do not provide your SIN here, then ivari will need to obtain your SIN before we can process certain transactions, if requested in the future (as required by tax legislation). If you decide to provide your SIN, then we may also use it as necessary for the purposes described in this **Privacy Notice** or our Privacy Policy.

When required, ivari may share your personal information with trusted third parties, including service providers retained by ivari to assist in administering ivari policies, your financial institution, your independent insurance advisor and their supporting associates, market intermediaries, your beneficiaries and assignees, and other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

It is possible that your personal information may be transferred, stored, handled, or processed outside your jurisdiction and that authorities in those jurisdictions may have access to it.

In some cases, you have a **right to withdraw consent** to the use and sharing of your personal information. You also have the **right to see and correct** the information we have about you, and to **obtain information about any fully automated decisions** we make using your information. Mail your written request to: **Chief Privacy Officer, ivari, 200-5000 Yonge Street, Toronto, Ontario M2N 7E9 or email: privacyoffice@ivari.ca.**

You can see ivari's full Privacy Policy online at ivari.ca. Please make sure you read it carefully so that you understand it in full. Please note that we may update this Privacy Policy from time to time.

CONSENT REQUIRED FOR THIS FORM AND POLICY

The following consents are required to proceed with and submit this form to ivari:

1. I give my consent to the collection, use and disclosure of my personal information as described in the **Privacy Notice** and in ivari's Privacy Policy on ivari.ca.
2. I authorize ivari to collect my personal information from third parties for the purposes described in and in accordance with ivari's Privacy Policy.

Signature of **Owner**

Signature of **Owner**



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



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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