

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 AND/OR FORMS	ADDITIONAL INFORMATION
<p>Decrease the sum insured, face amount or benefit</p>	<ul style="list-style-type: none"> Section 1, 2 Provide your consent at the end of the Privacy Notice section Sign in Section 12 	For universal life policies, a surrender charge may apply.
<p>Cancel a rider or coverage</p>	<ul style="list-style-type: none"> Section 1, 3 Provide your consent at the end of the Privacy Notice section Sign in Section 12 	For universal life policies, a surrender charge may apply.
<p>Elect the Term exchange option</p>	<ul style="list-style-type: none"> Section 1, 4 Provide your consent at the end of the Privacy Notice section 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 ivari's Head Office.
<p>Make a withdrawal from my policy's value</p> <p><i>This transaction may result in a tax slip being issued to the policy owner(s)</i></p>	<ul style="list-style-type: none"> Section 1, 5a, 7 Include your SIN # in Section 1 Provide your consent at the end of the Privacy Notice section Sign in Section 12 	Select one partial surrender option. Select how you want to be paid in Section 7. To understand the potential withholding tax amount, please contact conversation@ivari.ca .
<p>Cancel/surrender my policy</p> <p><i>This transaction may result in a tax slip being issued to the policy owner(s)</i></p>	<ul style="list-style-type: none"> Section 1, 5b, 7 Include your SIN # in Section 1 Provide your consent at the end of the Privacy Notice section Sign in Section 12 	Select how you want to be paid in Section 7. To understand the potential withholding tax amount, please contact conversation@ivari.ca .
<p>Take a loan against my policy's value</p> <p><i>This transaction may result in a tax slip being issued to the policy owner(s)</i></p>	<ul style="list-style-type: none"> Section 1, 6, 7 Include your SIN # in Section 1 Provide your consent at the end of the Privacy Notice section Sign in Section 12 	Select one loan type. Select how you want to be paid in Section 7. To understand the potential withholding tax amount, please contact conversation@ivari.ca .
<p>Set up policy loan repayments</p>	<ul style="list-style-type: none"> Section 1, 8 Provide your consent at the end of the Privacy Notice section Sign in Section 12 	
<p>Request a policy split or severance</p>	<ul style="list-style-type: none"> Section 1, 9 Provide your consent at the end of the Privacy Notice section Sign in Section 12 Pre-authorized Debit (PAD) for Insurance Products (PS375) form Notice of Transfer of Ownership for Insurance Products (PS371) form and Change of Beneficiary (PS367) forms, if applicable 	<p>Policy ownership will NOT change if a <i>Notice of Transfer of Ownership for Insurance Products (PS371)</i> form is not submitted, ensure you consider who the Policy Owner(s) on the new and existing policies should be.</p> <p><i>Not all policies can be split or severed (consult the provision of your contract).</i></p> <p>A \$50 administration fee is required for EACH new policy issued except for former NN Life policies.</p>
<p>Update/correct my name</p>	<ul style="list-style-type: none"> Section 1, 10 Provide your consent at the end of the Privacy Notice section Sign in Section 12 	Your old signature is required for verification purposes in Section 10.

Policy Service Application

I WANT TO...(SELECT ALL THAT APPLY)	COMPLETE THE FOLLOWING SECTIONS AND/OR FORMS	ADDITIONAL INFORMATION
Select one option only. Request a duplicate contract Statement of coverage (no charge), not available for universal life policies	<ul style="list-style-type: none"> Section 1, 11 Provide your consent at the end of the Privacy Notice section 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.
Other	<ul style="list-style-type: none"> Section 1 Provide your consent at the end of the Privacy Notice section Sign in Section 12 	Complete Remarks section

Section 1 Policy Owner contact information (Please complete)

Policy number(s)

① _____ ② _____ ③ _____ ④ _____ ⑤ _____

INSURED

Name of Insured(s) *(if change of name, show old name here and complete section 10)*

① _____ ② _____
③ _____ ④ _____ ⑤ _____

OWNERS

OWNER 1				Social Insurance Number (SIN)*
Name				
Home phone	Business phone	Mobile phone	Email address	
OWNER 2				Social Insurance Number (SIN)*
Name				
Home phone	Business phone	Mobile phone	Email address	
OWNER 3				Social Insurance Number (SIN)*
Name				
Home phone	Business phone	Mobile phone	Email address	
OWNER 4				Social Insurance Number (SIN)*
Name				
Home phone	Business phone	Mobile phone	Email address	
OWNER 5				Social Insurance Number (SIN)*
Name				
Home phone	Business phone	Mobile phone	Email address	

***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.**

Owner's current mailing address <i>(if you provide a P.O. Box or General delivery address, you must provide your residential address below)</i>				Apt./suite #
City	Province/territory/state	Country	Postal/zip code	
Owner's residential address <i>(if different from mailing address, please provide the address to the physical location of where you live or your main place of business)</i>				Apt./suite #
City	Province/territory/state	Country	Postal/zip code	

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 \$ _____
 On the life of _____ from \$ _____ to \$ _____
 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’s Head Office.
 During the surrender charge period, a surrender charge/penalty will be withdrawn from the policy’s fund value.
 This reduction in coverage may also affect the premium rate and/or premium discount on 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 _____
 Plan _____ on the life of _____
 Plan _____ on the life of _____
 Plan _____ on the life of _____

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.
 During the surrender charge period, a surrender charge/penalty will be withdrawn from the policy’s fund value.
 This cancellation of rider or coverage may also affect the premium rate and/or premium discount on your policy.

Section 4 Term exchange program

LIFE INSURED	FACE AMOUNT**	BASE OR RIDER	EXCHANGE FROM A 10 YR TERM TO	
			20 YEAR	30 YEAR
	\$	Base Rider	20 year	30 year
	\$	Base Rider	20 year	30 year
	\$	Base Rider	20 year	30 year
	\$	Base Rider	20 year	30 year

If the above indicated face amount to be exchanged is less than the current face amount, is the amount remaining under the current policy/coverage to be terminated? Yes No

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.

**All coverages must meet plan minimum face and premium amounts.

Note for Policy Owners who are non residents of Canada: if you are requesting a surrender, withdrawal or a loan, ivari will contact you to receive written authorization to apply the appropriate review and in some cases withhold and remit the required amount of withholding tax. If you would like to be contacted via email please indicate your email address here:

To understand the potential withholding tax amount, please contact conversation@ivari.ca

Section 5 Surrender request

PAYMENT DETAILS IN SECTION 7 MUST BE COMPLETED

a) Partial surrender:

I 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 elect a full surrender/cancellation

A surrender charge may apply during the surrender charge period and/or market value adjustment charge if funds are in a fixed term account.

Section 6 Loan request

PAYMENT DETAILS IN SECTION 7 MUST BE COMPLETED

I 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 old policies, refer to your contract)

Select one:

Requested loan amount: \$ _____ If requested amount exceeds funds available, then maximum amount will be processed.

Maximum loan available

Investment Loan Strategy (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

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

Use banking information currently on file, this is the quickest and most efficient method of payment. (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. **If new bank account information is received directly from the Policy Owner, the bank account details must be confirmed by the advisor. If confirmation is not received, the cheque will be mailed to the Policy Owner. Refer to Advisor/Distributor section on last page.**

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 \$ _____

I would like to pay \$ _____ towards my loan monthly. I understand that the amount requested will be added to my monthly deduction for my insurance premiums.

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

Section 9 Policy split or severance

The split/severance option allows the Policy Owner to sever a coverage from a multiple or joint life policy and maintain that coverage as a separate policy. **Note: not all policies can be split or severed (consult the provision of your contract).**

Policy ownership will NOT change if a **Notice of Transfer of Ownership for Insurance Products (PS371)** form is not submitted.

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.

I request an insurance coverage/life insured to be split/severed from the original policy. Indicate the coverage/life insured you would like to be split/severed to a new policy: _____

A **\$50.00 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

Online payment made from Financial Institution

Note: Fee cannot be taken from the fund value of the policy

Review chart on next page, answer the questions in **Column A** and complete the appropriate forms as directed.

Policy Service Application

Section 9 Policy split or severance *(continued)*

Review the chart below, answer each question in **column A**, complete appropriate forms in **column B**, and **column C** as directed.

A - QUESTIONS	B - CURRENT POLICY	C - NEW POLICY	ADDITIONAL INFORMATION
<p>Paying by Pre-authorized debit: Are you updating the banking information on the current policy? Yes No If yes, refer to column B. Are you changing the banking information on the new policy? Yes No If yes, refer to column C.</p>	<p>Complete a Pre-authorized Debit (PAD) for Insurance Products (PS375) form and attach new VOID cheque and submit with this application.</p>	<p>Complete a separate Pre-authorized Debit (PAD) for Insurance Products (PS375) form and attach new VOID cheque and submit with this application.*</p>	<p>If the form is not submitted, the payor and banking information for the current policy will be used for the new policy.</p>
<p>Policy Ownership: You will need to identify who the Owner will be on the current and new policy. Otherwise, it will remain the same as in the current policy. Are you changing who the Policy Owner is on the current policy? Yes No If yes, refer to column B. Are you changing who the Policy Owner is on the new policy? Yes No If yes, refer to column C.</p>	<p>Complete a Notice of Transfer of Ownership for Insurance Products (PS371) form to change the ownership and submit with this application. This form must be signed by ALL current Owners and new Owner(s).</p>	<p>Complete a separate Notice of Transfer of Ownership for Insurance Products (PS371) form to change the ownership and submit with this application.* This form must be signed by ALL current Owners and new Owner(s).</p>	<p>If the form is not submitted, the Owner(s) of the current policy will become the Owner(s) of the new policy. New Owner must also complete a new Change of Beneficiary (PS367) form, see beneficiary section below.</p>
<p>Beneficiaries: If you are changing ownership on the new policy, you must designate a new beneficiary. Refer to column C. Are you changing the beneficiary on the current policy? Yes No If yes, refer to column B. If no, then the existing beneficiary designation stays the same unless a transfer of ownership is made.</p>	<p>Complete a Change of Beneficiary (PS367) form and submit with this application.</p>	<p>Complete a separate Change of Beneficiary (PS367) form and submit with this application.*</p>	<p>The new Owner(s) must complete a separate Change of Beneficiary (PS367) form for the new policy, if this is not received the split will not be processed.</p>

* If new policy number has not been assigned indicate "new policy".

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 to be paid

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.

Remarks (please indicate section number)

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 and/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 policies 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, ivari’s reinsurers; your financial institution, your independent insurance advisor and their supporting associates, market intermediaries, your beneficiaries and assignees 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 APPLICATION AND POLICY

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

1. I give my consent to the collection, use and disclosure of my personal information as described in the above **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 1**

Signature of **Owner 2**

Signature of **Owner 3**

Signature of **Owner 4**

Signature of **Owner 5**

Signature of **Insured**

OPTIONS REGARDING YOUR PERSONAL INFORMATION

Promotional communications about ivari products and services you may be eligible (for Owners only)

ivari may communicate with you about other ivari products and services that you may be eligible for, using email, text or other electronic means. ivari may retain third-party marketers for the purpose of sending you these promotional communications. If you opt-in to receive these promotional communications, we will disclose only your name, contact information, and current insurance coverage. We will not disclose date of birth or health or financial information.

Owner 1: Yes No **Owner 2:** Yes No **Owner 3:** Yes No **Owner 4:** Yes No **Owner 5:** Yes No

You may withdraw your consent to this use of your personal information anytime without affecting your ivari policy.

Section 12 Signatures

ALL OWNERS MUST SIGN

By signing below, I certify that:

- I am authorized to give instructions in respect of the policy identified on this application.
- The information provided in this application is current, correct and complete.
- I have read and fully understood the contents of this application, and I acknowledge and agree to its terms.

Signed at (city)

Province/territory/state

Date signed (DD/MM/YYYY)

Signature of **OWNER 1**

Print name

Name and title of the authorized signing officer
(include name and title if Owner is an Entity)

Signature of **OWNER 2**

Print name

Name and title of the authorized signing officer
(include name and title if Owner is an Entity)

Signature of **OWNER 3**

Print name

Name and title of the authorized signing officer
(include name and title if Owner is an Entity)

Signature of **OWNER 4**

Print name

Name and title of the authorized signing officer
(include name and title if Owner is an Entity)

Signature of **OWNER 5**

Print name

Name and title of the authorized signing officer
(include name and title if Owner is an Entity)

Signature of Preferred/Irrevocable Beneficiary

Print name (If applicable)

Signature of Preferred/Irrevocable Beneficiary

Print name (If applicable)

Signature of Assignee

Print name
(name and title of person signing and bank stamp
for financial institutions)

Title of the Assignee

Bank Stamp

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 _____

As the advisor I confirm I witnessed the above signature(s).

As the advisor I confirm that the new banking details included with this request (reference Section 7) has been received by the policy owner.

Print advisor name _____ Advisor signature _____



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



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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