



Contingent Owner

Policy No: _____ Insured _____

The Owner(s) of this policy is/are: _____

Contingent Owner(s)

Policy ownership applies to all coverages. The owner must be at least 16 years of age (at least 18 years in the Province of Québec).

NEW OWNER 1

Last name		First name		Date of birth (DD/MM/YYYY)
Address				
City	Province/territory/state	Country	Postal/zip code	
Relationship to Life Insured			Relationship to Owner	

NEW OWNER 2

Last name		First name		Date of birth (DD/MM/YYYY)
Address				
City	Province/territory/state	Country	Postal/zip code	
Relationship to Life Insured			Relationship to Owner	

For a Life Policy or a Life Policy with a Critical Illness Insurance Rider, if Joint Ownership is Right of Survivorship, the ownership interest will only be transferred to the contingent owner listed for the last surviving Owner upon that Owner's death. If Joint Ownership is Tenants in Common and no contingent owner is named, the deceased Owner's interest will transfer to his/her estate. If no contingent owner is named, upon death of the policy owner, ownership will be transferred to the policy owner's estate.

If the Owner, or a Contingent Owner after becoming Owner, predeceases the Life Insured, the next successive living Contingent Owner shall be the Owner of this policy. If there is no surviving Contingent Owner to become the Owner, the executors or administrators of the then Owner's estate shall be the Owner of the policy. The interest of any Contingent Owner who predeceases the then Owner of this policy shall vest in such Owner.

Subject to any provision in the policy to the contrary, the Owner, or a Contingent Owner after becoming Owner, shall be entitled to exercise and enjoy all and any of the rights and interest granted by the policy or allowed by the Company, including the right to surrender, assign or pledge the policy and all rights under the policy, subject to the consent of any irrevocable/preferred beneficiary.

Any benefit payable by reason of the death of the Life Insured shall be paid to the Beneficiary, subject to any assignment of record at the Head Office of the Company.

The Owner may at any time alter or revoke the designation of Contingent Owner named in this endorsement, but no such alteration or revocation shall be effective unless and until received by the Company at its Head Office and agreed to by it. Unless an assignment is prohibited by the terms of the policy, an absolute assignment of this policy by the then Owner shall operate to exclude any and all rights of the Contingent Owner unless otherwise expressly provided in such absolute assignment. If the Owner assigns or pledges this policy for collateral only, any rights the Contingent Owner or beneficiary may have shall be subject to such collateral assignment or pledge. This endorsement revokes any previous designations of Contingent Owner for this policy.

The Company reserves the right to require court approved documentation as evidence of title of authority to effect a policy change where the Owner or signatory is other than an individual acting in his/her personal capacity. This endorsement shall be effective only when countersigned by the Company at its Head Office.

CERTIFICATION

By signing below, I certify that:

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

Upon the ownership interest in this policy being transferred to the Contingent Owner, the Contingent Owner after becoming Owner will need to provide ivari with additional information, including personal information for the purpose of administering and servicing the policy and claim analysis.

Signature of Current Owner & Title (if applicable)

Signature of Witness

Signature of Current Owner & Title (if applicable)

Signature of Witness

Beneficiary (if Preferred/Irrevocable)

Signature of Witness

Signature of Contingent Owner 1 & Title (if applicable)

Signature of Witness

Signature of Contingent Owner 2 & Title (if applicable)

Signature of Witness

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

Please read ivari’s Privacy Policy at ivari.ca to understand how ivari handles your personal information. We may update this Privacy Policy from time to time.

ADVISOR VERIFICATION/INFORMATION

I hereby declare that the statements and answers given in this form are true, complete and correctly recorded to the best of my knowledge and belief, and that I am not aware of additional information material to the Owner(s)/Contingent Owner(s) except as stated above. I have verified the identity of the individual(s) who submitted the application by referring to the original, non-expired documents. I confirm that the information recorded was correctly copied from such document(s).

Reasonable effort has also been exercised to determine if the Owner(s) is acting on behalf of a third party.

Name of Advisor

Signature of Advisor

Date signed (DD/MM/YYYY)

Name of Advisor

Signature of Advisor

Date signed (DD/MM/YYYY)

Distributor Code: _____ Advisor Code: _____



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



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