

Collateral Assignment

FOR USE OUTSIDE QUEBEC

NOTE: The Owner(s) and assignee take full responsibility, that the form meets the legal requirements for the purpose(s) they seek to achieve and by signing and/or accepting this form Owner(s) and assignee confirm that they have had the opportunity to seek independent legal advice. ivari is not responsible for the validity of the assignment.

The assignment takes effect when it is recorded by ivari.

	Contract Details Policy Number(s)							
Poli								
OW	(NER(S) Last name				First name			
	Last name				First name			
Δ	ssignment o	of Rights						
Fo	For value received, I transfer and assign my rights and interests in the above policy(ies) as security for my indebtedness, to the extent of the assignee's interest as it may appear from time to time to:							
Name of Assignee (creditor)								
Add	Iress						Apt./suite #	
City	,		Province/territory/state		Country		Postal/zip code	
Hor	me phone		Mobile phone			Business phone		
							Date signed (DD/MM/YYYY)	
	gnature of Assignee	Owner(s) (ALLC	OWNERS MUST SIGN IF THERE	ARE MULTIPLE OWNER	RS			
Si If t	gnature of the Owner is a	corporation, the		tle of the authoriz	zed signing o	fficer(s) thereof are	required, as stated in t	
Si If t by	gnature of the Owner is a	corporation, the sprporation, togeth	signature, name and tit er with the full legal na	tle of the authoriz	zed signing o	fficer(s) thereof are	required, as stated in t	

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PS391 9/23

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Consent of Irrevocable Beneficiary							
By signing below, the irrevocable beneficiary consents to the Assignment of Rights outlined in section 2:							
lua va abla la sa fisiana si sa abusa	Witness	Data (DNAMARORO)					
Irrevocable beneficiary signature	witness	Date (DD/MM/YYYY)					
Print name of irrevocable beneficiary							



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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.