

Contract No.: _____

Name of insured: _____

POLICYHOLDER'S DECLARATIONS

1. I hereby revoke the current beneficiary designation and assign all my rights, titles and interests under this contract, as a donation
to: _____
Official name of the charitable organization (the assignee)
2. I understand that the additional benefits – particularly the accidental death and dismemberment benefit, the waiver of premium benefit in the event of death or disability and the guaranteed insurability benefit, if any – will be cancelled as of the date of this assignment.
3. I understand that the donation of this contract includes any cash surrender value, dividends and accrued interest, minus any unpaid contract loan. Moreover, all premiums subsequently paid by me shall constitute a donation in and of themselves.
4. I shall pay all premiums directly to the Insurer.

INSURED'S DECLARATION

I agree to the above-mentioned assignee's receipt of the proceeds of this contract on my life.

Signed at _____ on this _____ day of _____ 20_____

Signature of policyholder

Signature of insured

Signature of witness

Name and address of witness:

CONSENT OF IRREVOCABLE BENEFICIARY (if applicable)

I, the undersigned irrevocable beneficiary, agree to the revocation of my designation as beneficiary under this contract.

Signed at _____ on this _____ day of _____ 20_____

Signature of witness

Signature of revoked beneficiary

ACCEPTANCE OF NEW POLICYHOLDER (charitable organization)

1. I, the undersigned, for and on behalf of the charitable organization, accept the assignment of this contract in its favour, as a donation, for all legal purposes, with the exception of any benefits to which the previous contractholder is entitled. I authorize the previous policyholder to pay all premiums directly to the Insurer.
2. I understand that the charitable organization, as the new policyholder on the life of a third party, is also the beneficiary of the contract.

Signed at _____ on this _____ day of _____ 20_____

Signature of witness

Signature of the authorized
representative of the charitable organization
(Attach a copy of the resolution designating the person
authorized to act on behalf of the charitable organization)

Official name of charitable organization: _____

Address: _____

Registration No.: _____

Postal code

(The registration of this assignment in the Insurer's records does not guarantee its validity.)