



**CONSENT OF IRREVOCABLE BENEFICIARY (IF APPLICABLE)**

I agree to this contract change request by the policyholder.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ .

X

Signature of irrevocable beneficiary 1

\_\_\_\_\_  
Name of irrevocable beneficiary 1 (please print)

X

Signature of irrevocable beneficiary 2

\_\_\_\_\_  
Name of irrevocable beneficiary 2 (please print)

**CONSENT OF ANY CREDITOR SECURED BY THE CONTRACT (IF APPLICABLE)**

I consent to this contract change request by the policyholder and authorize the Insurer to make any payments with respect to the contract solely to the policyholder.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ .

X

Signature of the creditor secured by the contract or the creditor's authorized representative, if an entity\*

\_\_\_\_\_  
Name of the creditor secured by the contract (please print)

\_\_\_\_\_  
Address (No., street, apartment, city, province)

\_\_\_\_\_  
Postal code

\_\_\_\_\_  
Area code

\_\_\_\_\_  
Telephone

\* When the creditor is a company or a financial institution, a resolution of the appropriate board of directors must be provided.