

Contract number:

1 POLICYHOLDER'S INFORMATION

Last name of policyholder 1 (please print) First name of policyholder 1 (please print)

Last name of policyholder 2 (please print) First name of policyholder 2 (please print)

2 HYPOTHECARY CREDITOR'S INFORMATION

Name of hypothecary creditor (please print)

Address (No., Street, Apartment, City, Province)

Postal code

Area code Telephone _____ Creditor's relationship to the policyholder: _____

3 POLICYHOLDER'S DECLARATIONS

I hereby give notice to the Insurer that I have hypothecated all my rights in the above contract in favour of the creditor named above.

I understand that this form does not allow the granting of a movable hypothec and does not confirm its value.

I understand that I am responsible for obtaining legal advice, if required, and for ensuring that all the legal requirements associated with the hypothecation of rights under an insurance contract have been met.

I understand that the Insurer's role is limited to receiving this notice and to registering it in its records.

Signed at _____ on this _____ day of _____ 20_____.


 _____  _____

Signature of policyholder 1 Signature of policyholder 2


4 CONSENT OF IRREVOCABLE BENEFICIARY (if applicable)

I understand that, in the event of an insured's death, payment of the insured amount will initially be in favour of the hypothecary creditor, up to the amount of the claim.

Signed at _____ on this _____ day of _____ 20_____.

 _____ _____

Signature of irrevocable beneficiary 1 Name of irrevocable beneficiary 1 (please print)

 _____ _____

Signature of irrevocable beneficiary 2 Name of irrevocable beneficiary 2 (please print)

(Registration of this notice of hypothecation of rights under an insurance contract in the Insurer's records does not guarantee its validity or lawfulness.)