

<input type="text"/>	<input type="text"/>
Last name of policyholder 1	First name of policyholder 1
<input type="text"/>	<input type="text"/>
Last name of policyholder 2	First name of policyholder 2
Contract No.: <input type="text"/>	

**DECLARATION OF RELINQUISHMENT BY THE CREDITOR HOLDING A SECURITY ON THE CONTRACT**

I relinquish all my rights with regard to the above contract and to everything associated with it.

I acknowledge that the Insurer assumes no responsibility as to the consequences of this relinquishment.

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

X

Signature of the creditor holding a security on the contract or the authorized representative of the creditor, if an entity\*

Name of the creditor holding a security on 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.

(Registration of this retrocession in the Insurer's records does not guarantee its validity or lawfulness.)