POLICY ASSIGNMENT

Concerning policy number: ____

I, the undersigned*, _____, transfer all benefits forming part of the above policy.
(First name, Name)

For true and valid consideration, I, the undersigned, revoke the existing beneficiary and assign all my rights, titles and interests with regard to this policy to:

DETAILS OF NEW POLICYHOLDER

_____ _____
Name of **new** policyholder — Relationship with former policyholder

Social Insurance Number (if available)
(to be used for taxation purpose only)

Address: _____
Street

_____
City — Postal Code

Tel. Home: (_____)_____ Office: (_____)_____

Signed at _____, this _____ day of _____ 20_____

_____ _____
Witness — *Signature of transferor policyholder

ACCEPTANCE BY NEW POLICYHOLDER (where applicable)

The new policyholder must sign if he or she is not paying the premiums or if premiums are no longer required.

I, the undersigned, agree to the assignment on my behalf, for all legal purposes of this policy, except for any premium waiver benefit attached to the person of the previous policyholder.

Signed at _____, this _____ day of _____ 20_____

_____ _____
Witness — *Signature of transferor policyholder

CONSENT OF IRREVOCABLE BENEFICIARY (where applicable)

I, the undersigned, the irrevocable beneficiary, hereby consent to be revoked as the beneficiary of this policy.

Signed at _____, this _____ day of _____ 20_____

_____ _____
Witness — *Signature of transferor policyholder

NOTE: THE POLICYHOLDER MUST INITIAL ANY CHANGE, ADDITION OR MODIFICATION.

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