

# REQUIRED DOCUMENTS AND CONSENT

## TRANSACTION FEES

## SERVICE FEES

Various transactions

Life and Accident and Sickness Insurance



# Guide

This guide applies to inforce contracts only. It is a summary of the documents needed for processing transactions on life and accident and sickness insurance coverage.

These documents must be duly completed and contain all required signatures. Any corrections or changes to the documents must be initialled by the appropriate person.

Requested transactions will not be processed until all duly completed and signed documents are received.

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## REQUIRED CONSENT – VARIOUS TRANSACTIONS

TRANSACTION	REQUIRED CONSENT			
	IRREVOCABLE MINOR BENEFICIARY	IRREVOCABLE ADULT BENEFICIARY	CREDITOR	TRUSTEE
Assignment of a benefit	<a href="#">Note 1</a>	<a href="#">Note 4</a> et <a href="#">note 7</a>	None	<a href="#">Note 10</a>
Assignment of a contract (Change of policyholder)	<a href="#">Note 1</a>	<a href="#">Note 4</a> et <a href="#">note 7</a>	None	<a href="#">Note 10</a>
Cancellation of a contract	<a href="#">Note 1</a>	<a href="#">Note 4</a> et <a href="#">note 7</a>	<a href="#">Note 8</a>	<a href="#">Note 10</a>
Cancellation of a contract or benefit following internal replacement	<a href="#">Note 1</a>	<a href="#">Note 4</a> et <a href="#">note 7</a>	<a href="#">Note 9</a>	<a href="#">Note 10</a>
Cancellation of a main coverage	<a href="#">Note 1</a>	<a href="#">Note 4</a> et <a href="#">note 7</a>	<a href="#">Note 8</a>	<a href="#">Note 10</a>
Cancellation of an additional benefit (ADD, WPDI, WPDID, disability income benefit)	<a href="#">Note 1</a>	<a href="#">Note 4</a> et <a href="#">note 7</a>	<a href="#">Note 8</a>	<a href="#">Note 10</a>
Change of beneficiary - Critical illness	<a href="#">Note 1</a>	<a href="#">Note 4</a> et <a href="#">note 7</a>	<a href="#">Note 8</a>	<a href="#">Note 11</a>
Change of beneficiary - Life insurance	<a href="#">Note 1</a>	<a href="#">Note 4</a> et <a href="#">note 7</a>	<a href="#">Note 8</a>	<a href="#">Note 11</a>
Change of plan	<a href="#">Note 1</a>	<a href="#">Note 4</a> et <a href="#">note 7</a>	<a href="#">Note 8</a>	<a href="#">Note 10</a>
Conversion of individual insurance	<a href="#">Note 3</a>	<a href="#">Note 6</a> et <a href="#">note 7</a>	<a href="#">Note 9</a>	<a href="#">Note 11</a>
Dissociation	<a href="#">Note 1</a>	<a href="#">Note 4</a> et <a href="#">note 7</a>	<a href="#">Note 8</a>	<a href="#">Note 10</a>
Policy loan	<a href="#">Note 1</a>	<a href="#">Note 4</a> et <a href="#">note 7</a>	<a href="#">Note 8</a>	<a href="#">Note 10</a>
Preferred rate	<a href="#">Note 2</a>	<a href="#">Note 5</a> et <a href="#">note 7</a>	None	None
Reduced paid-up insurance	<a href="#">Note 1</a>	<a href="#">Note 4</a> et <a href="#">note 7</a>	<a href="#">Note 8</a>	<a href="#">Note 10</a>
Reduction of an additional benefit (ADD and disability income benefit)	<a href="#">Note 1</a>	<a href="#">Note 4</a> et <a href="#">note 7</a>	<a href="#">Note 8</a>	<a href="#">Note 10</a>
Reduction of an insured amount	<a href="#">Note 1</a>	<a href="#">Note 4</a> et <a href="#">note 7</a>	<a href="#">Note 8</a>	<a href="#">Note 10</a>

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## Required consent — Various Transactions

### IRREVOCABLE MINOR BENEFICIARY

- Note 1:** Irrevocable minor beneficiaries cannot consent to a change or a transaction at any time.
- Note 2:** Irrevocable minor beneficiaries cannot consent to a change or a transaction on coverage with Return of Premiums.  
Consent is not required for other coverage.
- Note 3:** Irrevocable minor beneficiaries cannot give consent when the policyholder wishes to designate a different beneficiary in the new application or cancel the non-converted portion.

### IRREVOCABLE ADULT BENEFICIARY

- Note 4:** The consent of irrevocable adult beneficiaries is required.
- Note 5:** The consent of irrevocable adult beneficiaries is required for contracts with Return of Premiums.  
Consent is not required for other coverage.
- Note 6:** The consent of irrevocable adult beneficiaries is required if the policyholder wishes to designate a different beneficiary for the new coverage or cancel the non-converted portion.
- Note 7:** If the beneficiary is divorced from the policyholder, the divorce papers may modify the beneficiary designation and thereby allow the change without his or her consent.
- ♦ Documents required if the divorce was decreed before June 1, 1986.
    - Interim divorce decree
    - Absolute divorce decree
  - ♦ Documents required if the divorce was decreed on or after June 1, 1986.
    - Agreement for corollary relief
    - Divorce decree
    - Divorce certificate

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## Required consent — Various Transactions

### CREDITORS (bank, institution, individual)

**Note 8:** Ask the policyholder if the creditor still has an interest in the contract:

- ♦ If so, obtain the creditor's consent.
- ♦ If not, provide the retrocession or release form

**Note 9:** Ask the policyholder if the creditor still has an interest in the contract.

- ♦ If so,
  - provide a retrocession or release form for the old contract. The retrocession or release form must be dated the same day the application was signed or before AND
  - provide a hypothecation of a right for the **new contract**.
- ♦ If not, provide the retrocession or release form.

### TRUSTEE

**Note 10:** Ask the policyholder if he or she has been released.

- ♦ If so, provide a copy of the release documents.
- ♦ If not, the transaction cannot be processed.

**Note 11:** Ask the policyholder if he or she has been released.

- ♦ If so, provide a copy of the release documents.
- ♦ If not, provide written authorization from the trustee.

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## TRANSACTION FEES

TRANSACTION	UNIVERSAL LIFE	OTHER TYPES OF CONTRACTS
Assignment of a benefit (per insured)	\$50	\$50
Cancellation of benefits (main or additional)	\$25	None
Change of plan	Not permitted	None
Correction of date of birth	\$25	None
Dissociation (per issued contract)	\$50	\$50
Increase of an insured amount	None	None
Preferred rate	\$50 per insured per contract	None
Reduction of an insured amount	\$25	None
Reinstatement of contract or coverage	\$25	None
Review of an exclusion	\$25	None
Review of an extra premium	\$25	None

## SERVICE FEES

CATEGORY	DESCRIPTION	FEES
<b>Duplicates</b>	Contrat	\$25
	Second or more duplicates	\$12,50
	Tax receipt	None
	Tax slips	None
<b>Written information</b>	Annual statement	None
	Any written confirmation of general information in the contract <b>not specified</b> in the annual statement or the policy	None
	Any written confirmation of general information in the contract <b>specified</b> in the annual statement or the policy	\$10
	Printing of digitized documents	\$10
<b>Miscellaneous</b>	Any detailed search (advance statement)	\$25/hour, minimum \$25
	Photocopy of cashed cheque (fees reimbursed if false endorsement)	\$20

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## REQUIRED DOCUMENTS — VARIOUS TRANSACTIONS

### Addition of a Children’s Critical Illness rider

Comments	<ul style="list-style-type: none"> <li>♦ The addition of a Children's Critical Illness rider is permitted subject to certain conditions. <b>Please contact the Advisor Support Team to validate the feasibility of this addition.</b></li> <li>♦ The Children's Critical Illness rider must be attached to one of the parent's insurance coverage. A parent means the child's father or mother, as indicated on the child's birth certificate, or by virtue of legal adoption.</li> </ul>
Documents required	<ul style="list-style-type: none"> <li>♦ MODIFICATION OF CONTRACT form</li> <li>♦ Children's Critical Illness rider questionnaire</li> <li>♦ Declaration of Insurability* of the insured parent to which the Children's Critical Illness rider will be attached</li> <li>♦ Policyholder's Declaration of Insurability* if WPDI or WPDID is in the contract and if the policyholder is not the insured parent.</li> <li>♦ MEDICAL AUTHORIZATION form (children)</li> </ul> <p>*If most recent Declaration of Insurability submitted &lt; 6 months ago:              ↳ CONFIRMATION OF INSURABLE RISK form.</p> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>

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## Addition of a Children's Life Insurance rider

<p>Comments</p>	<ul style="list-style-type: none"> <li>♦ For tax purposes, the contract on which the Children's Life Insurance rider is added must have been issued after January 1, 2017.</li> <li>♦ The addition of a Children's Life Insurance rider is permitted subject to certain conditions. <b>Please contact the Advisor Support Team to validate the feasibility of this addition.</b></li> <li>♦ The Children's Life Insurance rider must be attached to one of the parent's insurance coverage. A parent means the child's father or mother, as indicated on the child's birth certificate, or by virtue of legal adoption.</li> </ul>
<p>Documents required</p>	<ul style="list-style-type: none"> <li>♦ MODIFICATION OF CONTRACT form</li> <li>♦ Children's Life Insurance rider questionnaire</li> <li>♦ Declaration of Insurability* of the insured parent to which the Children's Life Insurance rider will be attached.</li> <li>♦ Policyholder's Declaration of Insurability* if WPDI or WPDID is in the contract and if the policyholder is not the insured parent.</li> <li>♦ MEDICAL AUTHORIZATION form (children)</li> </ul> <p>*If most recent Declaration of Insurability submitted &lt; 6 months ago:                  ↳ CONFIRMATION OF INSURABLE RISK form.</p> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>

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### Addition of additional benefits (ADD, GIB, WPDI, WPDID)

<p>Comments</p>	<ul style="list-style-type: none"> <li>♦ The addition of additional benefits is permitted subject to certain conditions. <b>Please contact the Advisor Support Team to validate the feasibility of this addition.</b></li> <li>♦ For ADD and GIB coverage: The amount must be equal to or less than the main coverage to which they will be attached, and respect allowable maximums and minimums. MINIMUM: the insured amount of the benefit to which the additional benefit will be attached. MAXIMUM: ADD: \$250,000, including the ADD of the inforce insurance GIB: \$50,000/option, \$300,000 in total, including inforce insurance</li> </ul>
<p>Documents required</p>	<ul style="list-style-type: none"> <li>♦ MODIFICATION OF CONTRACT form</li> <li>♦ Insured's Declaration of Insurability*</li> <li>♦ Policyholder's Declaration of Insurability* if WPDI or WPDID is in the contract and if the policyholder is different from the insured.</li> </ul> <p>*If most recent Declaration of Insurability submitted &lt; 6 months ago: ↳ CONFIRMATION OF INSURABLE RISK form.</p> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>

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### Addition of a disability income benefit

<p>Comments</p>	<ul style="list-style-type: none"> <li>♦ The addition of a disability income benefit is permitted subject to certain conditions. <b>Please contact the Advisor Support Team to validate the feasibility of this addition.</b></li> <li>♦ The policyholder for the disability income benefit must be the same as the contract policyholder.</li> <li>♦ The method of payment for the disability income benefit must be the same as the contract method of payment.</li> <li>♦ If Waiver of Premiums was included in the contract, it must be included on the disability income benefit, as it must be in the contract if it is applied for on the disability income benefit. In the latter case, <b>please contact the Advisor Support Team to validate the feasibility of this addition.</b></li> <li>♦ The type of Waiver of Premiums (WPDI or WPDID) must be the same on all coverages for all insureds who are not the policyholder.</li> </ul>
<p>Documents required</p>	<ul style="list-style-type: none"> <li>♦ MODIFICATION OF CONTRACT form</li> <li>♦ Insured’s Declaration of Insurability*</li> <li>♦ Policyholder’s Declaration of Insurability* if WPDI or WPDID is in the contract and if the policyholder is different from the insured.</li> <li>♦ Disability Income Benefit questionnaire</li> </ul> <p>*If most recent Declaration of Insurability submitted &lt; 6 months ago:                  ↳ CONFIRMATION OF INSURABLE RISK form.</p> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>

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## Addition of a main coverage

<p>Comments</p>	<ul style="list-style-type: none"> <li>♦ For tax purposes, the contract on which the main coverage is added must have been issued after January 1, 2017.</li> <li>♦ The policyholder for the added benefit must be the same as the contract policyholder.</li> <li>♦ The method of payment for the added benefit must be the same as the contract method of payment.</li> <li>♦ The contract can only include coverage of the same type. For example, only critical illness benefits can be added to a critical illness benefit.</li> <li>♦ The type of underwriting (complete or simplified) must be the same as the underwriting for the contract.</li> <li>♦ If Waiver of Premiums was included in the contract, it must be included on the additional benefit, as it must be in the contract if it is applied for on the additional benefit. In the latter case, <b>please contact the Advisor Support Team to validate the feasibility of this addition.</b></li> <li>♦ The type of Waiver of Premiums (WPDI or WPDID) must be the same on all coverages for all insureds who are not the policyholder.</li> </ul>
<p>Documents required</p>	<ul style="list-style-type: none"> <li>♦ Insurance application</li> </ul> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>

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### Addition of an *Accidental Fracture* rider

Comments	<ul style="list-style-type: none"> <li>♦ The addition of an <i>Accidental Fracture</i> rider is permitted subject to certain conditions. <b>Please contact the Advisor Support Team to validate the feasibility of this addition.</b></li> </ul>
Documents required	<ul style="list-style-type: none"> <li>♦ MODIFICATION OF CONTRACT form</li> <li>♦ Insured's Declaration of Insurability*</li> <li>♦ Policyholder's Declaration of Insurability* if WPDI or WPDID is in the contract and if the policyholder is different from the insured.</li> </ul> <p>*If most recent Declaration of Insurability submitted &lt; 6 months ago:</p> <p style="padding-left: 40px;">↳ CONFIRMATION OF INSURABLE RISK form.</p> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>

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## Assignment of a benefit

Documents required	<ul style="list-style-type: none"><li>♦ ASSIGNMENT OF A BENEFIT form</li><li>♦ Insurance policy</li><li>♦ <b>TRANSACTION FEES</b></li><li>♦ CHANGE OF PREMIUM PAYMENT METHOD form, completed by the new policyholder</li><li>♦ CHANGE OF BENEFICIARY form, completed by the new policyholder</li></ul> <p>If there is an irrevocable beneficiary, a creditor or a trustee, consult the table and provide the applicable <b>REQUIRED CONSENT</b>.</p> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>
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### Assignment of a contract (change of policyholder)

Documents required	<ul style="list-style-type: none"><li>♦ ASSIGNMENT OF CONTRACT form</li><li>♦ CHANGE OF PREMIUM PAYMENT METHOD form, completed by the new policyholder</li><li>♦ CHANGE OF BENEFICIARY form, completed by the new policyholder</li></ul> <p>If there is an irrevocable beneficiary, a creditor or a trustee, consult the table and provide the applicable <b>REQUIRED CONSENT</b>.</p> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation</p>
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## Cancellation of a contract

Documents required	<ul style="list-style-type: none"><li>♦ CANCELLATION-SURRENDER form or written request from the policyholder</li></ul> <p>If there is an irrevocable beneficiary, a creditor or a trustee, consult the table and provide the applicable <b>REQUIRED CONSENT</b>.</p> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>
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## Cancellation of a contract or benefit following an internal replacement

Documents required	<ul style="list-style-type: none"><li>♦ CANCELLATION-SURRENDER form or written request from the policyholder</li><li>♦ Prior Notice of Replacement form</li></ul> <p>If there is an irrevocable beneficiary, a creditor or a trustee, consult the table and provide the applicable <b>REQUIRED CONSENT</b>.</p> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>
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## Cancellation of a main coverage

Documents required	<ul style="list-style-type: none"><li>♦ CANCELLATION-SURRENDER form or written request from the policyholder</li><li>♦ <b>TRANSACTION FEES</b>, if applicable</li></ul> <p>If there is an irrevocable beneficiary, a creditor or a trustee, consult the table and provide the applicable <b>REQUIRED CONSENT</b>.</p> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>
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### Cancellation of an additional benefit (ADD, GIB, WPDI, WPDID and disability income benefit)

Documents required	<ul style="list-style-type: none"><li>♦ CANCELLATION-SURRENDER form or written request from the policyholder</li><li>♦ <b>TRANSACTION FEES</b>, if applicable</li></ul> <p>For ADD, WPDI, WPDID and disability income benefits, if there is an irrevocable beneficiary, a creditor or a trustee, consult the table and provide the applicable <b>REQUIRED CONSENT</b>.</p> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>
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**Change of bank account**

Documents required	♦ Email <a href="mailto:fim@lacapitale.com">fim@lacapitale.com</a>
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## Change of beneficiary - Critical illness

Documents required	<p>♦ CHANGE OF BENEFICIARY – CRITICAL ILLNESS form</p> <p>If there is an irrevocable beneficiary, a creditor or a trustee, consult the table and provide the applicable <b>REQUIRED CONSENT</b>.</p> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation. .</p>
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## Change of beneficiary - Life insurance

Documents required	<p>♦ CHANGE OF BENEFICIARY – LIFE INSURANCE form</p> <p>If there is an irrevocable beneficiary, a creditor or a trustee, consult the table and provide the applicable <b>REQUIRED CONSENT</b>.</p> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>
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## Change of plan

<p>Comments</p>	<ul style="list-style-type: none"> <li>♦ For tax purposes, the coverage for which a change of plan is requested must have been issued after January 1, 2017. If this is not case, please do an internal replacement.</li> <li>♦ A change of plan is permitted subject to certain conditions. <b>Please contact the Advisor Support Team to validate the feasibility of a change of plan.</b></li> <li>♦ A change of plan is only permitted within the first year i.e. before the first anniversary date of the coverage. Requests for plan changes must be received at Head Office before that date.</li> <li>♦ A change of plan is not permitted if it involves universal life insurance coverage.</li> </ul>							
<p>Documents required</p>	<ul style="list-style-type: none"> <li>♦ MODIFICATION OF CONTRACT form</li> <li>♦ Declaration of insurability, if applicable, according to one of the following tables:</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #f2f2f2;"> <th colspan="2" style="text-align: center; padding: 5px;"><b>Taking into account all coverage for the same insured</b></th> </tr> <tr style="background-color: #f2f2f2;"> <th style="width: 50%; padding: 5px;">If insured amount same and premium <b>lower</b></th> <th style="width: 50%; padding: 5px;">If insured amount same and premium <b>higher</b></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px; vertical-align: top;"> <ul style="list-style-type: none"> <li>♦ If during 10-day free look period                             <ul style="list-style-type: none"> <li>⇒ Declaration of Insurability not required</li> </ul> </li> <li>♦ If 10-day free look period expired and the most recent Declaration of Insurability submitted &lt; 6 months ago                             <ul style="list-style-type: none"> <li>⇒ CONFIRMATION OF INSURABLE RISK form</li> </ul> </li> <li>♦ If 10-day free look period expired and the most recent Declaration of Insurability submitted &gt; 6 months ago                             <ul style="list-style-type: none"> <li>⇒ Insured's Declaration of Insurability</li> </ul> </li> </ul> </td> <td style="padding: 5px; vertical-align: top;"> <ul style="list-style-type: none"> <li>♦ Declaration of Insurability is not required</li> </ul> </td> </tr> </tbody> </table> <p style="margin-top: 10px;">If there is an irrevocable beneficiary, a creditor or a trustee, consult the table and provide the applicable <b>REQUIRED CONSENT</b>.</p> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>		<b>Taking into account all coverage for the same insured</b>		If insured amount same and premium <b>lower</b>	If insured amount same and premium <b>higher</b>	<ul style="list-style-type: none"> <li>♦ If during 10-day free look period                             <ul style="list-style-type: none"> <li>⇒ Declaration of Insurability not required</li> </ul> </li> <li>♦ If 10-day free look period expired and the most recent Declaration of Insurability submitted &lt; 6 months ago                             <ul style="list-style-type: none"> <li>⇒ CONFIRMATION OF INSURABLE RISK form</li> </ul> </li> <li>♦ If 10-day free look period expired and the most recent Declaration of Insurability submitted &gt; 6 months ago                             <ul style="list-style-type: none"> <li>⇒ Insured's Declaration of Insurability</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>♦ Declaration of Insurability is not required</li> </ul>
<b>Taking into account all coverage for the same insured</b>								
If insured amount same and premium <b>lower</b>	If insured amount same and premium <b>higher</b>							
<ul style="list-style-type: none"> <li>♦ If during 10-day free look period                             <ul style="list-style-type: none"> <li>⇒ Declaration of Insurability not required</li> </ul> </li> <li>♦ If 10-day free look period expired and the most recent Declaration of Insurability submitted &lt; 6 months ago                             <ul style="list-style-type: none"> <li>⇒ CONFIRMATION OF INSURABLE RISK form</li> </ul> </li> <li>♦ If 10-day free look period expired and the most recent Declaration of Insurability submitted &gt; 6 months ago                             <ul style="list-style-type: none"> <li>⇒ Insured's Declaration of Insurability</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>♦ Declaration of Insurability is not required</li> </ul>							

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### Change of premium payment method

Documents required	CURRENT PAYMENT METHOD	DESIRED PAYMENT METHOD
	Preauthorized debit	Annual payment
	♦ Telephone requests at 1 800 463-4433	

Documents required	CURRENT PAYMENT METHOD	DESIRED PAYMENT METHOD
	Annual payment	Preauthorized debit
	♦ CHANGE OF PREMIUM PAYMENT METHOD* form *This form is not necessary if the payor already pays for other life or health insurance products by preauthorized debit. If so, email <a href="mailto:life.management@lacapitale.com">life.management@lacapitale.com</a>	

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## Change of premium payor

Documents required	<ul style="list-style-type: none"><li>◆ CHANGE OF PREMIUM PAYMENT METHOD form*</li></ul> <p>*This form is not necessary if the new payor already pays for other life or health insurance products by preauthorized debit. If so, email <a href="mailto:lifemanagement@lacapitale.com">lifemanagement@lacapitale.com</a></p>
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## Conversion of individual insurance

Comments	♦ Conversion of individual insurance is permitted subject to certain conditions. <b>Please contact the Advisor Support Team to validate the feasibility of this request.</b>
Documents required	♦ Insurance Application (without the PERSONAL INFORMATION and MEDICAL INFORMATION sections) ♦ If the insured was under age 15 when the convertible benefit was issued, the new coverage is issued at the regular rate. If this insured is now over age 15, and a preferred rate is desired, the <b>full</b> duly completed and signed application is required  If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.

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## Correction of date of birth

Documents required	If correcting a date of birth <b>causes</b> a change to the premium	If correcting a date of birth <b>doesn't cause</b> a change to the premium
	<ul style="list-style-type: none"><li>♦ Written request from the policyholder or the advisor</li><li>♦ Proof of date of birth (e.g. copy of driver's licence, birth certificate, health insurance card, passport)</li><li>♦ <b>TRANSACTION FEES</b>, if applicable</li></ul>	<ul style="list-style-type: none"><li>♦ Written request from the policyholder or the advisor</li></ul>

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**Correction of name**

Documents required	<ul style="list-style-type: none"><li>♦ Proof of identity containing the new name (e.g. copy of driver's licence, birth certificate, health insurance card, passport)</li><li>♦ NAME DECLARATION form (optional)</li></ul>
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## Designation of subrogated policyholder

Comments	♦ A subrogated policyholder is designated when the policyholder holds an insurance contract on the life of a third party. The subrogated policyholder is designated for the whole contract and not for one benefit.
Documents required	♦ DESIGNATION OF SUBROGATED POLICYHOLDER form If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.

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## Designation or change of contingent beneficiary

Documents required	<ul style="list-style-type: none"><li>♦ DESIGNATION OR CHANGE OF CONTINGENT BENEFICIARY form</li></ul> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>
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## Dissociation

<p>Comments</p>	<ul style="list-style-type: none"> <li>♦ Dissociation is a transaction whereby joint coverage payable on a first-to-die basis is cancelled and replaced by one or two individual contracts.</li> <li>♦ Dissociation is permitted subject to certain conditions. <b>Please contact the Advisor Support Team to validate the feasibility of this request.</b></li> </ul>
<p>Documents required</p>	<ul style="list-style-type: none"> <li>♦ MODIFICATION OF CONTRACT form</li> <li>♦ CHANGE OF PREMIUM PAYMENT METHOD form, if applicable</li> <li>♦ ASSIGNMENT OF A BENEFIT form, if applicable</li> <li>♦ CHANGE OF BENEFICIARY form, if applicable</li> <li>♦ <b>TRANSACTION FEES</b></li> </ul> <p>If there is an irrevocable beneficiary, a creditor or a trustee, consult the table and provide the applicable <b>REQUIRED CONSENT</b>.</p> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>

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## Guaranteed insurability option

Comments	♦ Exercising an insurability option is permitted subject to certain conditions. <b>Please contact the Advisor Support Team to validate the feasibility of this request.</b>
Documents required	♦ Insurance Application (Without the PERSONAL INFORMATION and MEDICAL INFORMATION sections) ♦ If the insured was under age 15 when the guaranteed insurability option was issued, the new coverage is issued at the regular rate. If this insured is now over age 15, and a preferred rate is desired, the <b>full</b> duly completed and signed application is required.  If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.

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## Hypothecation of a right

Comments	♦ Hypothecation of a right is the assignment of a life insurance contract by the policyholder to secure a loan. Under this assignment, the policyholder retains certain rights to the contract but cedes to the creditor the contract value amount equal to the debt. When the insured dies, the payable insured amount is first used to reimburse the outstanding debt. Any insured amount in excess of the debt is paid to the beneficiary designated under the life insurance coverage.
Documents required	♦ HYPOTHECATION OF RIGHTS UNDER AN INSURANCE CONTRACT form or hypothecation of a right form from the financial institution concerned.  If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation

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### Increase of a disability income benefit

<p>Comments</p>	<ul style="list-style-type: none"> <li>♦ Increasing a disability income benefit is only permitted within the first year of the contract, i.e. before the first anniversary date, and in accordance with the maximum insured amount allowed as well as the features of the disability income benefit. Requests for an increase of a disability income benefit must be received at Head Office before that date</li> </ul>
<p>Documents required</p>	<ul style="list-style-type: none"> <li>♦ MODIFICATION OF CONTRACT form</li> <li>♦ Insured's Declaration of Insurability*</li> <li>♦ Policyholder's Declaration of Insurability* if WPDI or WPDID is in the contract and if the policyholder is different from the insured</li> <li>♦ Disability Income Benefit questionnaire</li> </ul> <p>*If most recent Declaration of Insurability submitted &lt; 6 months ago:                  ↳ CONFIRMATION OF INSURABLE RISK form.</p> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>

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**Increase of an insured amount**

<p>Comments</p>	<ul style="list-style-type: none"> <li>♦ Increasing an insured amount is only permitted within the first year of the contract, i.e. before the first anniversary date, and in accordance with the maximum insured amount allowed as well as the features of the benefit. Requests for an increase of an insured amount must be received at Head Office before that date.</li> <li>♦ For tax reasons, the insured amount of a benefit issued before January 1, 2017 cannot be increased. If an increase to the insured amount is desired, a new application must be submitted for the supplementary amount.</li> </ul>
<p>Documents required</p>	<ul style="list-style-type: none"> <li>♦ MODIFICATION OF CONTRACT form. If applicable, indicate if the insured amount of additional benefits is to be increased.</li> <li>♦ Insured's Declaration of Insurability*</li> <li>♦ Policyholder's Declaration of Insurability* if WPDI or WPDID is in the contract and if the policyholder is different from the insured.</li> </ul> <p>*If most recent Declaration of Insurability submitted &lt; 6 months ago:                  ↳ CONFIRMATION OF INSURABLE RISK form.</p> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>

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## Partial redemption of the accumulated value of a deferred life annuity

Comments	♦ The partial redemption of the accumulated value of a life annuity is permitted subject to certain conditions. <b>Please contact the Advisor Support Team to validate the feasibility of this request.</b>
Documents required	♦ MODIFICATION OF CONTRACT form or written request from the policyholder. If there is an irrevocable beneficiary, a creditor or a trustee, consult the table and provide the applicable <b>REQUIRED CONSENT</b> . If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.

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**Policy loan**

Documents required	Policy loan < \$5,000	Policy loan > \$5,000
	♦ Email <a href="mailto:lifemanagement@lacapitale.com">lifemanagement@lacapitale.com</a>	♦ Written request from the policyholder.
<p>If there is an irrevocable beneficiary, a creditor or a trustee, consult the table and provide the applicable <b>REQUIRED CONSENT</b>.</p> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>		

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**Preferred rate**

<p>Comments</p>	<ul style="list-style-type: none"> <li>♦ To be eligible, the insured must not have smoked cigarettes, cigarillos, cigars or a pipe, or used any form of tobacco or marijuana, or used a substitute such as gum, nicotine patch or electronic cigarette.</li> <li>♦ The insured's age at the time of benefit issue, and not the age when the preferred rate is requested, will be used to calculate the new premium.</li> </ul>
<p>Documents required</p>	<ul style="list-style-type: none"> <li>♦ PREFERRED RATE form</li> <li>♦ Insured's Declaration of Insurability*</li> <li>♦ HIV urinalysis if: <b>Life insurance</b> insured amount ≥ \$250 000 <b>Critical illness insurance</b> insured amount ≥ \$100 000</li> <li>♦ <b>TRANSACTION FEES</b>, if applicable</li> </ul> <p>*If most recent Declaration of Insurability submitted under 6 months ago:  <span style="padding-left: 150px;">↳ CONFIRMATION OF INSURABLE RISK form.</span></p> <p>If there is an irrevocable beneficiary, a creditor or a trustee, consult the table and provide the applicable <b>REQUIRED CONSENT</b>.</p> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>

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## Reduced paid-up insurance

Comments	<ul style="list-style-type: none"><li>♦ Reduced paid-up insurance allows the policyholder to obtain reduced insurance coverage on the insured's life with no further premium payments required.</li><li>♦ Reduced paid-up insurance is permitted subject to certain conditions. <b>Please contact the Advisor Support Team to validate the feasibility of this request.</b></li></ul>
Documents required	<ul style="list-style-type: none"><li>♦ MODIFICATION OF CONTRACT form or written request from the policyholder</li></ul> <p>If there is an irrevocable beneficiary, a creditor or a trustee, consult the table and provide the applicable <b>REQUIRED CONSENT</b>.</p> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>

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**Reduction of an additional benefit (ADD, GIB, disability income benefit)**

Documents required	<ul style="list-style-type: none"><li>♦ MODIFICATION OF CONTRACT form or written request from the policyholder</li><li>♦ <b>TRANSACTION FEES</b>, if applicable</li></ul> <p>For ADD and disability income benefits, if there is an irrevocable beneficiary, a creditor or a trustee, consult the table and provide the applicable <b>REQUIRED CONSENT</b>.</p> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>
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## Reduction of an insured amount

Comments	<ul style="list-style-type: none"> <li>♦ The reduction of the insured amount of a benefit is permitted subject to certain conditions. <b>Please contact the Advisor Support Team to validate the feasibility of this request.</b></li> </ul>
Documents required	<ul style="list-style-type: none"> <li>♦ MODIFICATION OF CONTRACT form or written request from the policyholder</li> <li>♦ <b>TRANSACTION FEES</b>, if applicable</li> </ul> <p><b>*The MODIFICATION OF CONTRACT form must be used in the case of benefits with Return of Premiums on surrender or at death.</b></p> <p>If there is an irrevocable beneficiary, a creditor or a trustee, consult the table and provide the applicable <b>REQUIRED CONSENT</b>.</p> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>

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## Reinstatement following cancellation by the policyholder

<p>Comments</p>	<ul style="list-style-type: none"> <li>♦ Reinstatements are not permitted in the following situations:                             <ul style="list-style-type: none"> <li>· Benefit cancelled on the effective date</li> <li>· Deferred life annuity</li> </ul> </li> <li>♦ The reinstatement of a benefit is permitted subject to certain conditions. <b>Please contact the Advisor Support Team to validate the feasibility of this request.</b></li> <li>♦ Deadline for reinstatements: 15 days after the date confirmation of cancellation was sent to the policyholder. After this period, reinstatement is not permitted. A new application is required.</li> </ul>	
<p>Documents required</p>	<p>Benefit that is <b>not rated</b> or <b>not ceded</b> to facultative reinsurance</p>	<p>Benefit that is <b>rated</b> or <b>ceded</b> to facultative reinsurance</p>
	<ul style="list-style-type: none"> <li>♦ REINSTATEMENT REQUEST form <b>sent to the policyholder at the time cancellation was confirmed.</b></li> <li>♦ Cheque returned at cancellation, if applicable</li> <li>♦ <b>TRANSACTION FEES</b>, if applicable</li> </ul>	<ul style="list-style-type: none"> <li>♦ REINSTATEMENT form</li> <li>♦ Insured's Declaration of Insurability*</li> <li>♦ Policyholder's Declaration of Insurability* if WPD1 or WPDID is in the contract and if the policyholder is different from the insured.</li> <li>♦ Cheque returned at cancellation, if applicable</li> <li>♦ <b>TRANSACTION FEES</b>, if applicable</li> </ul> <p>*If most recent Declaration of Insurability submitted &lt; 6 months ago:                      ↳ CONFIRMATION OF INSURABLE RISK form</p>
<p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>		

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## Reinstatement of lapsed coverage

Comments	<ul style="list-style-type: none"> <li>♦ Reinstatements are not permitted in the following situations:                             <ul style="list-style-type: none"> <li>· Benefit cancelled on the effective date</li> <li>· Benefit with previous waived premiums</li> <li>· Deferred life annuity</li> </ul> </li> <li>♦ The reinstatement of a benefit is permitted subject to certain conditions. <b>Please contact the Advisor Support Team to validate the feasibility of this request.</b></li> </ul>	
Documents required	<b>Within 30 days after the date confirmation of lapsed coverage was sent to the policyholder</b>	
	Benefit that is <b>not rated</b> or <b>not ceded</b> to facultative reinsurance	Benefit that is <b>rated</b> or <b>ceded</b> to facultative reinsurance
	<ul style="list-style-type: none"> <li>♦ REINSTATEMENT REQUEST form <b>sent to the policyholder at the time the lapse of coverage was confirmed.</b></li> <li>♦ Payment of premium arrears mentioned in the letter confirming the lapse of coverage</li> <li>♦ <b>TRANSACTION FEES</b>, if applicable.</li> </ul>	<ul style="list-style-type: none"> <li>♦ REINSTATEMENT form</li> <li>♦ Insured's Declaration of Insurability*</li> <li>♦ Policyholder's Declaration of Insurability* if WPDI or WPDID is in the contract and if the policyholder is different from the insured.</li> <li>♦ Payment of premium arrears mentioned in the letter confirming the lapse of coverage</li> <li>♦ <b>TRANSACTION FEES</b>, if applicable</li> </ul> <p>*If most recent Declaration of Insurability submitted &lt; 6 months ago:                      ↳ CONFIRMATION OF INSURABLE RISK form</p>
	<p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>	
<b>After 30 days and before 2 years</b>		
<ul style="list-style-type: none"> <li>♦ REINSTATEMENT form</li> <li>♦ Insured's Declaration of Insurability*</li> <li>♦ Policyholder's Declaration of Insurability* if WPDI or WPDID is in the contract and if the policyholder is different from the insured.</li> <li>♦ Payment of premium arrears and interest. Email <a href="mailto:lifemanagement@lacapitale.com">lifemanagement@lacapitale.com</a> for the amount payable.</li> <li>♦ <b>TRANSACTION FEES</b>, if applicable</li> </ul> <p>*If most recent Declaration of Insurability submitted &lt; 6 months ago:                      ↳ CONFIRMATION OF INSURABLE RISK form</p> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>		

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## Review of an exclusion

Documents required	<ul style="list-style-type: none"><li>♦ EXTRA PREMIUM REVIEW - EXCLUSION REVIEW form</li><li>♦ Insured's Declaration of Insurability*</li><li>♦ <b>TRANSACTION FEES</b>, if applicable</li></ul> <p>*If most recent Declaration of Insurability submitted &lt; 6 months ago: ↳ CONFIRMATION OF INSURABLE RISK form</p> <p>If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.</p>
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## Review of an extra premium

Comments	♦ Temporary extra premiums will not be reviewed.
Documents required	♦ EXTRA PREMIUM REVIEW - EXTRA PREMIUM REVIEW form ♦ Insured's Declaration of Insurability* ♦ <b>TRANSACTION FEES</b> , if applicable  *If most recent Declaration of Insurability submitted < 6 months ago: ↳ CONFIRMATION OF INSURABLE RISK form  If the policyholder is a corporation, the request must be accompanied by an excerpt of the minutes concerning this request or a copy of the resolution that authorizes the signatory to act on behalf of the corporation.

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