UV INSURANCE

MODIFICATION (NAME/ADDRESS)

☐ NAME

☐ ADDRESS

REASON:

☐ Error on Insurance Application (1)
☐ Legal Adoption (2)
☐ Legal Modification (3)
☐ Other (4)

Policy Number: _____ Life Insured: _____

Last Name: _____ First Name: _____

Address:_____
Nb Street App.

_____
City

_____
Province Postal code

Tel. (____)_____ home Tel. (___)_____ work Tel.(____)_____ cell

Email address _____

(1) Join Birth Certificate
(2) Join Legal Adoption Act
(3) Join Name Change Certificate
(4) Join documents and state reasons

X _____ **X** _____
WITNESS **SIGNATURE OF POLICY OWNER**

_____
DATE

 UV Insurance is a business name and trademark of The Union Life Mutual Assurance Company.