

**** IMPORTANT INFORMATION AT THE BOTTOM OF THIS FORM – PLEASE READ CAREFULLY ****

POLICY DESCRIPTION

Policy N°: _____

Life Insured: _____

PART 1 - CURRENT POLICY OWNER CONSENT TO RELINQUISH

****We want to inform you that the ownership transfer may result in a taxable gain.****

Name: _____

Relationship with the insured: _____ Relationship with the new policy owner: _____

Address: _____ Telephone: (_____) _____ - _____

Date of Birth: ____/____/____ Gender: _____ Social Insurance Number: ____/____/____

From an income tax perspective, are you a citizen, a resident or a company incorporated outside of Canada (ex.: United States, etc.) ?

 Yes No If yes TIN : _____

In case the current owner is a company, please indicate your Business Number and the Québec Enterprise Number (NEQ):

Business Number: _____ Québec Enterprise Number: _____

Was there a consideration (an amount of money) paid by the new policy owner for this policy owner change?

 Yes No If yes Amount : _____

As the current owner of the above-mentioned policy, I agree to relinquish all rights, titles and privileges connected to this policy issued by UL Mutual.

Signed in _____ this _____ day of _____ 20 _____

X _____
 WITNESS SIGNATURE (OTHER THAN BENEFICIARY)

X _____
 RELINQUISHED POLICY OWNER SIGNATURE

PHONE NUMBER _____

PART 2 - CONSENT OF THE NEW POLICY OWNER

Name: _____ Relationship with the insured: _____

Address: _____ Telephone: (_____) _____ - _____

Date of Birth: ____/____/____ Gender: _____ Social Insurance Number: ____/____/____

From an income tax perspective, are you a citizen, a resident or a company incorporated outside of Canada (ex.: United States, etc.) ?

 Yes No If yes TIN : _____

In case the new owner is a company, please indicate your Business Number and the Québec Enterprise Number (NEQ):

Business Number: _____ Québec Enterprise Number: _____

I, undersigned, hereby certify that I was informed of all rights, titles and privileges concerning the insurance policy issued by UL Mutual mentioned above, and agree to become its owner.

Signed in _____ this _____ day of _____ 20 _____

X _____
 WITNESS SIGNATURE (OTHER THAN BENEFICIARY)

X _____
 NEW POLICY OWNER SIGNATURE

PHONE NUMBER _____

