



CONTINGENT OWNER DESIGNATION

CONTRACT DESCRIPTION

Policy n° : _____

Life insured : _____

Group n° : _____

Certificate n° : _____

NEW CONTINGENT OWNER

Name: _____ Relationship with Insured : _____

Address : _____ Phone Number: _____

_____ Postal Code: _____

Date of Birth _____ Sex M F Social Insurance Number _____

I hereby designate a contingent owner and this designation will come in force only at my death.

Signed at _____ this _____ day of _____ 20 _____

X _____ X _____
WITNESS SIGNATURE CURRENT OWNER SIGNATURE

FOR COMPANY USE ONLY

This contingent owner request has been received by **UL Mutual**. However UL Mutual does not assume any responsibility as to its validity.

This _____ day of _____ 20_____

Registered by _____

SPECIAL INSTRUCTIONS

If the owner is a company, this document must be signed by its legal representatives.