

Important Information For Completing This Form

- The appointment of a new owner transfers full ownership of the policy.
- The current owner must sign this form.
- Current irrevocable beneficiaries must sign this form.
- The transferee must sign this form.
- Only one mailing address and one e-mail address can be taken into consideration if 2 owners are designated.
- If you make a mistake, please cross it out and put your initials beside it. Then make the necessary correction. Do not erase or use liquid paper.

— Part 1 - Policyowner ————————————————————————————————————
dentification of the Current Owner:
owner of policy number issued on the life of
y Humania Assurance Inc., hereby revokes any existing designations of owner, subrogated owner, revocable beneficiaries and transfer all mights, titles and interests in this policy to:
irst Name Policyowner 1:
(If it is a corporation, please indicate the full name in the field "Last Name Policyowner 1")
ast Name Policyowner 1:
Date of Birth: Gay / month / year Social Insurance Number: Compared to the second contact of the second
irst Name Policyowner 2:
(If it is a corporation, please indicate the full name in the field "Last Name Policyowner 2")
ast Name Policyowner 2:
Date of Birth: Social Insurance Number:
day / month / year
Address:
(street no.) (apt.)
City:
Province: Postal Code: Phone Number:
lew Owner's Email Address:
telation between the Insured and the New Owner:







Dated and Signed at		
This	day of	20
Signature of Witness		
Signature of Current Owner	Full Name of Current Owner in Block Letters	
Signature of Current Irrevocable Beneficiary	Full Name of Current Irrevocable Beneficiary in Block Letters	
Signature of Current Irrevocable Beneficiary	Full Name of Current Irrevocable Beneficiary in Block Letters	
Signature of Transferee	Full Name of Transferee in Block Letters	

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