

Title change form

Before completing any section of this form please read the instructions.

Policy number	Insured/Annuitant	Owner(s)

A. Ownership change

 New owner's name in full (first, middle, last) Date of birth (d/m/y)

 Address (number, street name) City Province Postal code

 Relationship to insured Relationship to existing owner Upon transfer, the insurance is to be considered: personal business

If more than one owner is named, and the insurance is indicated above as **personal**, ownership will be with right of survivorship. Survivorship will **not** apply if the insurance is indicated above as **business** (survivorship is not usually appropriate in that case). In each, however, the intended new owners may specify otherwise or confirm: with survivorship without survivorship

'Survivorship' means: If any owner predeceases the other owner(s), that person's ownership share in the contract will pass to the surviving owner(s), and not to the deceased owner's estate or directly to a contingent owner.

- Notes:** (1) If Section A, B & D are completed, the changes in Section A are deemed to have taken place first and Sections B & D must be completed by the new owner(s).
 (2) If Section D of this form is not completed by the new owner, the proceeds will be payable to the new owner or the new owner's estate.

Taxation: Social insurance number of new owner: _____
 Provide business number(s) if existing owner and/or new owner is a business.

Existing owner Federal _____ Quebec (NEQ) _____
New owner Federal _____ Quebec (NEQ) _____

Transfer of ownership of this contract is a disposition for income tax purposes. The calculation of the proceeds of the disposition and resulting tax implications depend on what type of transfer is involved. The relationship between the existing and new owner will determine the type of transfer. Please indicate 'relationship to existing owner' (above) and the 'type of transfer' (opposite) which best reflects that relationship.

Type of transfer Price paid \$ _____
 Arm's length (between non-related parties)
 Non-Arm's length (between related parties)
 Rollover (between spouses or parent/child)

For additional information regarding tax implications / meaning of tax-related terms, contact taxation authorities or your tax advisor.

Personal information – Canada Life establishes a confidential file that contains personal information concerning you. The file is kept in the offices of Canada Life or of third-parties acting on our behalf. Rights of access to personal information in the file are limited to our staff or persons authorized by us (e.g. service providers), whether located in Canada or elsewhere, who require it to perform their duties, to you and persons authorized by you, and, as personal information may be collected, used, or disclosed in or from Canada or elsewhere, access may be had by persons authorized by the laws of Canada or elsewhere, as applicable. Your rights of access and correction of any inaccuracies may be exercised by writing to: The Ombudsman, The Canada Life Assurance Company, 255 Dufferin Avenue, London, Ontario, Canada N6A 4K1. We collect, use and disclose your personal information to: **(1)** process this Title change request and provide and service the financial product(s) and/or service(s) to which it pertains, **(2)** advise you of products and services to help you plan for financial security, **(3)** respond to, investigate and process claims, **(4)** create and maintain records concerning our relationship as appropriate, and **(5)** fulfill such other purposes as are directly related to the preceding.

I authorize and consent to the use of my social insurance number or business number(s), as applicable, for tax reporting, identification and record keeping purposes, and I, the new owner, agree to Canada Life's handling of personal information concerning me, on the same basis as agreed to by the existing owner and subject to applicable law. I, the existing owner, revoke all beneficiary designations, trustee appointments, and contingent owner appointments for the Canada Life contract referred to above and transfer all my rights in it to the new owner named below, unconditionally and not as security.

Signed at _____ on _____
City Province Date (d/m/y)

Ų _____ Ų _____
 Signature of current owner(s) Signature of new owner(s)

Ų _____ Ų _____
 Signature of preferred/irrevocable beneficiary, assignee/hypothecary creditor, if applicable Signature of **witness** to all signatures

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B. Designate/Change contingent owner

Note: It is important to designate a contingent owner, otherwise on the death of the owner; the policy will be part of the deceased owner's estate. Not recommended for business insurance. Do not complete when the owner is the only insured.

The contingent owner is to become an owner in the following situations:

- Single owner (one applicant) – on the death of that owner
- Joint owners with 'survivorship' – on the death of the last surviving owner

I revoke all contingent owner appointments for the Canada Life contract referred to above and appoint:

Name (first, middle, last) _____
Relationship to insured

Address (number, street name) City Province Postal code

Signed at _____ on _____
City Province Date (d/m/y)

Ū _____ Ū _____
Signature of owner(s) Signature of **witness** to all signatures

C. Change of name

Change name of: Insured Owner Beneficiary Other: _____

Reason for change: Marriage Divorce Legal change Other: _____
(attach copies of legal documents evidencing change)

Change from: _____ To: _____

Signed at _____ on _____
City Province Date (d/m/y)

Ū _____ Ū _____
Signature of owner(s) Signature of **witness** to all signatures

New address: _____
Address (number, street name) City Province Postal code

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D. Change of beneficiary

- Beneficiary designations are revocable unless otherwise stated (except Quebec spousal designations – see #4 below)
- The right to change the beneficiary is reserved to the owner subject to the signed consent of any irrevocable/preferred beneficiary.
- Where Quebec law applies**, the relationship of the beneficiary to the owner is required.
- Where Quebec law applies**, designation of an owner's spouse (married or civil union) is irrevocable, unless the owner stipulates the designation to be revocable by checking the following box: *I stipulate that this designation of my spouse is revocable.* **Note:** if there is an irrevocable beneficiary, that beneficiary must also give his or her signed consent to change the beneficiary.

For benefits payable on death of:

- Insured Both joint insureds Only one of the joint insureds

(indicate name of one insured under joint plan)

except in the case of universal life, limited to the coverage(s), selected below,

NOTE: Selections 1 through 6 apply to **universal life** only.

Select the coverage(s) for which you want to designate/change beneficiary(ies):

1. All coverages 3. Multiple lives benefit (MLB) 5. Term 10 rider on joint plan
 2. Basic plan 4. Account value payment 6. Term 20 rider on joint plan

OR Additional life insured under the MLB (indicate insured's name)

I revoke all previous revocable primary beneficiary designations and designate the following person(s) as primary beneficiary(ies):

Primary beneficiary(ies) – (surviving beneficiaries, without a percentage share shown, are paid equally)

Full name (first, middle, last):	% share	Relationship to:		Birthdate (d/m/y)
		Insured	Owner	

Total 100%

I revoke all previous revocable contingent beneficiary designations and designate the following person(s) as contingent beneficiary(ies):

Contingent beneficiary(ies) – The following will become the beneficiary(ies), upon the death of the primary beneficiary(ies) (surviving beneficiaries, without a percentage share shown, are paid equally)

Full name (first, middle, last):	% share	Relationship to:		Birthdate (d/m/y)
		Insured	Owner	

Total 100%

Trustee – If a trustee is appointed below, benefits to be paid under this contract to any beneficiary who, at the time payment is to be made, is a minor or otherwise legally incompetent to give a valid discharge (according to the laws of the beneficiary's domicile), will be paid instead to the trustee, in trust for the beneficiary. Such payment will discharge Canada Life accordingly. The trust for any beneficiary will terminate once that beneficiary is both of age of majority and has legal capacity to give a valid discharge. The trustee is directed to deliver at that time, to the beneficiary, the assets then held in trust for that beneficiary. During the course of the trust, the trustee may apply trust assets for the support, maintenance, education, or other benefit of the beneficiary, and may exercise any right of the beneficiary under the contract, in the sole discretion of the trustee. **Before deciding to complete this section, consider if you have already, in any document, made a trustee/administrator appointment which might apply. Consult first with your legal advisor.**

For Quebec only – Where this appointment is governed by Quebec law, "trustee" shall be understood as "administrator", and their related terms and concepts understood accordingly. This appointment shall be interpreted in accordance with the provisions governing the administration of the property of others under the Civil Code of Quebec.

Trustee - full name (first, middle, last)

Relationship to insured

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Signed at _____ on _____
 City Province Date (d/m/y)

Ū _____
 Signature of owner(s)

Ū _____
 Signature of preferred/irrevocable beneficiary, if applicable

Ū _____
 Signature of **witness** to all signatures

Title information change form

Insured shall mean life/person(s) insured or annuitant(s)

1. Please ensure all information is printed clearly and legibly on the title change form.
2. This form may be used to make identical changes under more than one policy if the Insured/Annuitant and the owner are the same for each policy. Where different changes are being made under two or more policies, or the Insured/Annuitant is different, separate forms must be completed for each policy.
3. This form must be dated and signed by the current and new owner, by the preferred/irrevocable beneficiary and by the assignee, if applicable.
4. The policy contract is not required for any changes.
5. SIGNATURES - when the form is completed by:
 - a) A Corporation - The full name of the corporation must be printed and authorized persons are to sign and indicate title. Affix corporate seal if available.
 - b) Sole Proprietorship - The form must be signed by the sole proprietor with the words "Sole Proprietor" following the signature.
 - c) A Firm or Partnership - The full name of the Firm or Partnership must be printed with the signature of all the partners.
6. The change of name form must be signed by the owner. If the name of a minor child is being changed, the form must be signed by the owner.
7. Any change made to the form must be initialed by the owner.
8. When there is a successor annuitant, the successor annuitant cannot be appointed as beneficiary.
9. Co-annuitant on payout annuity — the co-annuitant cannot be named beneficiary.

- Please note:**
- **The Canada Life Assurance Company reserves the right to have the owner submit a certified copy of any legal document which is being submitted as evidence of the change of name. The Company assumes no responsibility for obtaining any such documents nor for any expenses related to obtaining such documents or certified copies.**
 - **The Canada Life Assurance Company reserves the right to require that a Notarial declaration be completed to certify the validity and authority of any signatures.**
 - **The change of ownership may give rise to tax consequences. Please consult your financial advisor.**

For Individual Retirement and Investment Services (IRIS) products, a change of ownership may result in a reset of your death benefit and maturity benefit guarantees. Please consult your financial advisor.