

Transfer of Ownership

Throughout this form, "Empire Life" means The Empire Life Insurance Company.

Important information before completing this form:

- If the new Owner is a Corporation or Organization, also complete form C-0044-ENG Corporation/Organization Owner Supplement.
- Transferring ownership revokes existing Beneficiary and Contingent/Successor Owner or Subrogated Policyholder (in Quebec) designations. The new Owner must complete a Beneficiary and Contingent/Successor Owner or Subrogated Policyholder Designation form D-0017 or benefits payable will be paid to the new Owner or his/her estate.
- If beneficiary(ies) for one or more Policies/Contracts are irrevocable or preferred and are not the same for all Policies/Contracts a separate form will be required for each.
- To change the Payor the new Owner(s) must complete PAC/APP Authorization form C-0170 or annual billing notices will be sent to the new Owner.

1	Policy/Contract number(s)	Life/Person Insured(s) (Life & Health Policies) / Annuitant (Non-registered Investment Plans only)	Current Owner(s)

2 I hereby revoke any existing beneficiary designation(s) and any Owner designation(s) and transfer and assign all rights and obligations in the above Policy(ies)/Contract(s) to:

New Owner

First name		Last name		Date of birth (dd/mmm/yy)	
Address (number, street name)			City	Province	Postal Code
SIN	Relationship to previous Owner(s)		Relationship to Life/Person Insured(s)/Annuitant		

If Policy/Contract is a non-registered investment plan or a life insurance policy with cash/surrender values (including but not limited to Trilogy Universal Life, Optimax, Concept 2000 or Solutions Series with values) the Advisor must verify the identity of the new Owner(s) by reviewing the original of one of the acceptable documents listed below and completing Section 6. If you do not have an Advisor, please call Empire Life toll free at 1-800-561-1268.

Which document is the Advisor using to verify the identity of the new Owner? (complete all sections)

Birth Certificate
 Passport
 Driver's Licence (with photo and signature)
 Provincial Health Card
 (except in Manitoba, Ontario and PEI)

Jurisdiction (i.e. Canada, Province, Territory)		Document number	Place of issue
Date of issue (dd/mmm/yy)		Date of expiry (dd/mmm/yy)	



Transfer of Ownership cont'd

2 <small>(cont'd)</small>	Joint Owner (if applicable)			
	If the new Joint Owner is a Corporation or Organization, also complete form C-0044-ENG Corporation/Organization Owner Supplement.			
	First name		Last name	Date of birth (dd/mmm/yy)
	Address (number, street name)		City	Province
				Postal Code
	SIN	Relationship to previous Owner(s)		Relationship to Life/Person Insured(s)/Annuitant
	Which document is the Advisor using to verify the identity of the new Owner? (complete all sections) <input type="radio"/> Birth Certificate <input type="radio"/> Passport <input type="radio"/> Driver's Licence (with photo and signature) <input type="radio"/> Provincial Health Card <small>(except in Manitoba, Ontario and PEI)</small>			
Jurisdiction (i.e. Canada, Province, Territory)		Document number	Place of issue	
Date of issue (dd/mmm/yy)		Date of expiry (dd/mmm/yy)		

3	In which language should we communicate to the new Owner(s)?
<input type="radio"/> English <input type="radio"/> French If not specified we will communicate in the language of this form.	

4	Was any consideration (money) paid by the new Owner(s) for this transfer?
<input type="radio"/> No <input type="radio"/> Yes If yes, indicate the amount: \$ _____	

5	Determination of Third Party Interests (Must be completed by Advisor)			
	In making this application, is the Owner acting on behalf of a third party? (Your answer should be 'Yes' if someone other than the Life/Person Insured, Annuitant or Owner is or will be paying the premiums or has or will have an ownership interest in this Policy/Contract.)			
	<input type="radio"/> No <input type="radio"/> Yes (If yes, complete the following information for that third party.)			
	First name	Middle name	Last name or exact name of corporation	Date of birth (dd/mmm/yy)
	Address (number, street name)		City	Province
				Postal Code
	Occupation (if retired, indicate former occupation)		Type of business	Relationship to Owner
Jurisdiction of registration (i.e. Canada, Province, Territory)		Incorporation number		

Transfer of Ownership cont'd

6 Declaration and Authorization

I understand and agree that:

- transferring ownership may have tax consequences and it is my responsibility to obtain any necessary tax or legal advice.
- Empire Life will maintain the information contained on this form and any related documents in my file. My file enables Empire Life and its employees, agents or representatives to assess the information on this form, appraise the risk, assess any claim that I or my beneficiaries may make for benefits, administer my file, answer any questions I may have about this transfer of ownership or my file in general, and provide me with information about my file and Empire Life products and services.
- Empire Life will use personal information about me on a continuing basis for the purpose of my file. If I refuse to provide consent for this, Empire Life won't be able to assess my information or claim and issue, change or reinstate any Policy/Contract. If I am permitted by law to withdraw my consent, and do so, Empire Life will be unable to continue to administer the Policy/Contract, neither I nor my estate will be able to exercise any rights under the Policy/Contract and the Policy/Contract may be cancelled at the discretion of Empire Life.

I authorize:

- Empire Life to carry out the above-mentioned transaction in keeping with the rights, terms and conditions of the Policy(ies)/Contract(s).
- Empire Life to provide and exchange information regarding my file to my Advisor on an ongoing basis in order to provide me with ongoing service and advice related to my file.

A photocopy or image of the signed Declaration and Authorization will be as valid as the original.

If the Owner(s) and/or the new Owner(s) are a corporation, two officers of the corporation must sign and provide their names and titles, or one officer of the corporation accompanied by the company seal. Persons signing must provide proof of authority to bind the corporation.

Signature of Owner (or first authorized signature for Corporate Owner) **Print name of Owner and title** (if signing for corporation)

Joint Owner OR Only one corporate signing authority to bind corporation (copy of signing authority must be provided)

Signature of Joint Owner (or second authorized signature for Corporate Owner) **Print name of Joint Owner and title** (if signing for corporation)

By signing below, I consent to the change of ownership of this policy(ies) and relinquish any rights I have as beneficiary.

Signature of Irrevocable Beneficiary (if applicable) **Print name of Irrevocable Beneficiary and title** (if signing for corporation)

By signing below I confirm that I have read, understood and agree to the statements in the Declaration and Authorization above and consent to the use of my personal information as described.

Signature of new Owner (or first authorized signature for Corporate Owner) **Print name of new Owner and title** (if signing for corporation)

New Joint Owner OR Only one corporate signing authority to bind corporation (copy of signing authority must be provided)

Signature of new Joint Owner (or second authorized signature for Corporate Owner) **Print name of new Joint Owner and title** (if signing for corporation)

Life/Person Insured(s) (applicable in Quebec only)

Signature of Life/Person Insured 1 or Legal Guardian if minor **Signature of Life/Person Insured 2 or Legal Guardian if minor**

Signature of Assignee(s) (if applicable) **Name of Assignee(s)** (please print)

I have witnessed all signatures, determined third party interests in Section 5 and if a non-registered investment plan or a life insurance policy with cash values I have verified the identity of the new Owner(s).

Signature of Advisor **Name of Advisor** (please print)

Signed at (City and province)

Date (dd/mmm/yy)

RESERVED FOR HEAD OFFICE USE

Recorded only in the files of The Empire Life Insurance Company. Empire Life expresses no opinion on the validity of the requested change.

Signature

Date (dd/mmm/yy)



Empire Life™

™ Trademark of The Empire Life Insurance Company. Policies are issued by The Empire Life Insurance Company.