



NAME AND OWNERSHIP CHANGE FORM

Life Insured(s) or Annuitant(s): Policyowner(s):
Policy # Policy # Policy #

Change of Name - TO BE USED FOR CHANGES TO LEGAL NAME ONLY

New Name Previous Name

- Policyowner Life Insured/Annuitant Assignee (individual person)
Beneficiary Contingent Beneficiary Payor

Reason for change of name

- Marriage (specify date)
Divorce (attach notarized copies of legal documents)
Other (attach notarized copies of legal documents)

Change of Ownership If the beneficiary is revocable, this transfer of ownership terminates the existing beneficiary designation. The new owner(s) should complete the Beneficiary Change Request Form, otherwise the policy proceeds become payable to the new owner(s) or his/her estate(s), subject to any beneficiary designation made after the effective date of this transfer. Upon transfer, policy document will be forwarded to the new policyowner.

I/We transfer all rights and interest in the above policy, absolutely and irrevocably, subject to the terms and conditions of the policy to:

If joint owner complete below:

New Policyowner
Social Insurance No.
Address
Postal Code
Telephone Number
Relationship to Present Owner

New Policyowner
Social Insurance No.
Address
Postal Code
Telephone Number
Relationship to Present Owner

I/We understand this address will be used as the premium billing address unless other instructions are received by the Company.

Table with 4 columns: Signed at (city and province), On (Day/Month/Year), Signature of Policyowner(s) (authorized signature if corporation), Signature of Agent/Witness. Includes rows for New Policyowner(s) and Assignee(s).

Appointment of Contingent Policyowner

I/We revoke all previous designations of contingent policyowners(s) [subrogated holder(s)] under this contract and, upon my death, appoint the person(s) below to become the policyowner(s) [holder(s)] of this contract, if living, otherwise ownership of this contract will automatically transfer to my/our estate(s).

Contingent Policyowner Name

Table with 4 columns: Signed at (city and province), On (Day/Month/Year), Signature of Policyowner(s) (authorized signature if corporation), Signature of Agent/Witness. Includes row for Irrevocable Beneficiary(ies).

This form has been prepared for the convenience of the policyowner. The Company does not assume responsibility for its validity or sufficiency.

FOR OFFICE USE ONLY: ACKNOWLEDGED AT EQUITABLE LIFE OF CANADA HEAD OFFICE

Signature Date