

Policy Service Application

Policy number(s): _____

Indicate the requested change and complete the required section(s) for that change(s).

I WANT TO...(SELECT ALL THAT APPLY)	COMPLETE THE FOLLOWING SECTIONS	ADDITIONAL INFORMATION
Decrease the sum insured, face amount or benefit	<ul style="list-style-type: none"> Section 1, 2 Sign in Section 12 	For universal life policies, a surrender charge may apply.
Cancel a rider or coverage	<ul style="list-style-type: none"> Section 1, 3 Sign in Section 12 	For universal life policies, a surrender charge may apply.
Elect the Term exchange option	<ul style="list-style-type: none"> Section 1, 4 Sign in Section 12 	The effective date of the change will be the Policy's monthly anniversary date closest to the date the request is received at ivari's Head Office.
Make a withdrawal from my policy's value <i>This transaction may cause a taxable consequence</i>	<ul style="list-style-type: none"> Section 1, 5a, 7 Sign in Section 12 Include your SIN # in Section 1 	Select one partial surrender option. Select how you want to be paid in Section 7.
Cancel/surrender my policy <i>This transaction may cause a taxable consequence</i>	<ul style="list-style-type: none"> Section 1, 5b, 7 Sign in Section 12 Include your SIN # in Section 1 	Select how you want to be paid in Section 7.
Take a loan against my policy's value <i>This transaction may cause a taxable consequence</i>	<ul style="list-style-type: none"> Section 1, 6, 7 Sign in Section 12 Include your SIN # in Section 1 	Select one loan type. Select how you want to be paid in Section 7.
Set up policy loan repayments	<ul style="list-style-type: none"> Section 1, 8 Sign in Section 12 	
Request a policy split or severance	<ul style="list-style-type: none"> Section 1, 9 Sign in Section 12 Pre-authorized Debit (PAD) for Insurance Products (PS375) form Notice of Transfer of Ownership for Insurance Products (PS371) form and Change of Beneficiary (PS367) forms, if applicable 	Policy ownership will NOT change if a <i>Notice of Transfer of Ownership for Insurance Products (PS371)</i> form is not submitted, ensure you consider who the Policy Owner(s) on the new and existing policies should be. <i>Not all policies can be split or severed (consult the provision of your contract).</i> A \$50 administration fee is required for EACH new policy issued except for former NN Life policies.
Update/correct my name	<ul style="list-style-type: none"> Section 1, 10 Sign in Section 12 	Your new signature and old signature are required for verification purposes in Section 10.
Select one option only. Request a duplicate contract Statement of coverage (no charge), not available for Universal Life policies	<ul style="list-style-type: none"> Section 1, 11 Sign in Section 12 	A \$50 fee is required unless otherwise specified see Section 11 for fee details. A statement of coverage is provided free of charge which provides coverage details including death benefit amount, beneficiaries, expiry dates, etc.

Section 1 Policy Owner contact information (Please complete)

Policy number(s): _____

Insured name(s) (if change of name, show old name here and complete question 10)

Owner 1 name(s)		Owner 1 SIN		You must provide your Social Insurance Number (SIN) if you are requesting a surrender/loan or any other type of redemption for tax reporting purposes
Owner 2 name(s)		Owner 2 SIN		
Owner 1 telephone number(s) (Home/Business)		Mobile		
Owner 2 telephone number(s) (Home/Business)		Mobile		
Owner 1 email address*		Owner 2 email address*		
Owner's current mailing address (Street number and name) (if you provide a PO Box or General delivery address, you must provide your residential address below)				Apt.
City	Province	Postal code	Country	
Owner's residential address (if different from mailing address, please provide the address to the physical location of where you live or your main place of business)				Apt.
City	Province	Postal code	Country	

*Owner(s) Consent to Receive Promotional Messages

I/we consent to receiving promotional messages from ivari by email, text or other electronic means and I/we authorize ivari to share my/our personal information (which will not include health or financial information) with third party marketing providers.

Owner 1: Yes No **Owner 2:** Yes No

I/we acknowledge that I/we may withdraw any optional consent at any time by contacting ivari:

P.O. Box 4241, Station A
 Toronto, ON M5W 5R3
 Telephone: 1-800-846-5970
conversation@ivari.ca
ivari.ca

Section 2 Decrease – Sum Insured, Face Amount or Benefit

IF CLIENT IS CANCELLING ENTIRE POLICY, PLEASE COMPLETE SECTION 5 b)

On the life of _____ from \$ _____ to \$ _____

On the life of _____ from \$ _____ to \$ _____

Change planned periodic premium/deposit to \$ _____ **Note:** Must meet plan minimum.

Effective date of the change will be the Policy's monthly anniversary date closest to the date the request is received at ivari Head Office. During the surrender charge period, a surrender charge/penalty will be withdrawn from the policy's fund value.

This reduction in coverage may also affect the premium rate and/or premium discount on your policy.

Section 3 Rider or coverage cancellation

IF CLIENT IS CANCELLING ENTIRE POLICY, PLEASE COMPLETE SECTION 5 b)

Plan _____ on the life of _____

Plan _____ on the life of _____

Change planned periodic premium/deposit to \$ _____ **Note:** Must meet plan minimum.

Effective date of the change will be the Policy’s monthly anniversary date closest to the date the request is received at ivari Head Office.

During the surrender charge period, a surrender charge/penalty will be withdrawn from the policy’s fund value.

This cancellation of rider or coverage may also affect the premium rate and/or premium discount on your policy.

Section 4 Term exchange program

I/We elect to exchange from a 10 year term to a:		20 year term	30 year term			
Life Insured		Face amount**	Base	or	Rider	Coverage number
_____		\$ _____				_____
_____		\$ _____				_____
_____		\$ _____				_____

Effective date of the change will be the Policy’s monthly anniversary date closest to the date the request is received at ivari Head Office.

**All coverages must meet plan minimum face and premiums amounts.

Section 5 Surrender request

Note for policyowners who are non residents of Canada: if you are requesting a surrender, withdrawal or a loan, ivari will contact you to receive written authorization to apply the appropriate review and in some cases withhold and remit the required amount of withholding tax. If you would like to be contacted via email please indicate your email address here:

To understand the potential withholding tax amount, please contact **conversation@ivari.ca**

PAYMENT DETAILS IN SECTION 7 MUST BE COMPLETED

a) Partial surrender:

I/We elect a partial surrender of \$ _____ net gross (if not selected, it will default to net)

Maximum partial surrender

Maximum surrender less balance of cost of insurance charges based on billing mode

10% free partial surrender (Refer to Cost and Provisions in the Contract)

Money is to be withdrawn from: registered non-registered

If your policy was issued with a level death benefit, the Face Amount will be reduced by the gross partial withdrawal. If there is more than one universal life coverage, the Face Amount(s) will be reduced proportionately in accordance with the terms of your contract.

b) Full surrender (cancel policy):

I/We elect a full surrender/cancellation

A surrender charge may apply during the surrender charge period and/or market value adjustment charge if funds are in a fixed term account.

Section 6 Loan request

PAYMENT DETAILS IN SECTION 7 MUST BE COMPLETED

I/We request a loan in accordance with the policy provisions:

Loan type: **Select one. (Note: If you have an existing loan, the loan type option will default to your current loan type)**

Fixed Interest Option loan/Fixed Investment Option loan

Standard loan (only applicable to certain policies, refer to your contract)

Requested loan amount: \$ _____ maximum loan available ILS Maximum loan

If you are taking a loan as part of a financial planning concept that utilizes the deductibility of the loan interest, speak with your independent financial advisor to ensure that the loan type selected satisfies the objectives of that arrangement.

An **Allocation form (PS425)** will be required if money is in fund(s) where a loan is not allowed. Refer to the contract for further details.

Section 7 Payment options for surrender, withdrawal or loan

Select payment type: Pay by direct deposit to your bank account. Select one of the 2 options below:

Use banking information currently on file, this is the quickest and most efficient method of payment. (Payor must be same as Owner, otherwise a cheque will be mailed to the Owner)

Use banking information on attached VOID cheque (void cheque must be pre-printed and in Owner's name). If submitting a letter/direct deposit form from your financial institution, it must be stamped by your bank otherwise a cheque will be mailed to the Owner. **If new bank account information is received directly from the policy Owner, the bank account details must be confirmed by advisor. Refer to Advisor/Distributor section on last page.**

Mail cheque to Owner

Mail cheque to distributor

Mail cheque to advisor (If sending to advisor Owner must sign here): _____

Section 8 Policy loan repayment

Loan repayment must be clearly marked as such; otherwise, it will be considered a premium payment.

Enclosed is a loan repayment in the amount of \$ _____

I would like to pay \$ _____ towards my loan monthly. I understand that the amount requested will be added to my monthly deduction for my insurance premiums.

(Only available if you are currently paying premiums through Pre-authorized debit (PAD)).

Section 9 Policy split or severance

I/We request an insurance coverage/life insured to be split/severed from the original policy. Indicate the coverage/life insured you would like to be split/severed to a new policy: _____

Note: Not all policies can be split or severed – consult the provision of your policy contract.

A **\$50.00 administration fee** is required for EACH new policy issued except for former NN policies.

Cheque is enclosed

Fee to be paid by a one time withdrawal from the bank account on file

Fee to be paid by a one time withdrawal using new void cheque attached

Note: Fee cannot be taken from the fund value of the policy

Review the chart below, answer the questions in column A and complete the appropriate forms as directed.

(see additional notes on following page)

A. ANSWER EACH QUESTION BELOW:	B. COMPLETE THE FOLLOWING FOR THE CURRENT POLICY:	C. COMPLETE THE FOLLOWING FOR THE NEW POLICY:	D. ADDITIONAL INFORMATION
Paying by Pre-authorized debit: Are you updating the banking information on the current policy? Yes No If yes , refer to column B Are you changing the banking information on the new policy? Yes No If yes , refer to column C	Complete a Pre-authorized Debit (PAD) for Insurance Products (PS375) form and attach new VOID cheque and submit with this application.	Complete a separate Pre-authorized Debit (PAD) for Insurance Products (PS375) form and attach new VOID cheque and submit with this application.*	If the form is not submitted, the payor and banking information for the current policy will be used for the new policy.
Policy Ownership: You will need to identify who the owner will be on the current and new policy. Otherwise, it will remain the same as in the current policy. Are you changing who the policyowner is on the current policy? Yes No If yes , refer to column B Are you changing who the policyowner is on the new policy? Yes No If yes , refer to column C	Complete a Notice of Transfer of Ownership for Insurance Products (PS371) form to change the ownership and submit with this application.* Any Transfer of Owner form must be signed by ALL current owners on the current (original) policy.	Complete a separate Notice of Transfer of Ownership for Insurance Products (PS371) form to change the ownership and submit with this application.* Any Transfer of Owner form must be signed by ALL current owners on the current (original) policy.	If the form is not submitted, the Owner(s) of the current policy will become the Owner(s) of the new policy. New Owner must also complete a new Change of Beneficiary (PS367) form, see beneficiary section below.
Beneficiaries: If you are changing ownership on the new policy, you must designate a new beneficiary. Refer to column C Are you changing the beneficiary on the current policy? Yes No If yes , refer to column B. If no , then the existing beneficiary designation stays the same unless a transfer of ownership is made.	Complete a Change of Beneficiary (PS367) form and submit with new application.	Complete a separate Change of Beneficiary (PS367) form and submit with this application.*	The new Owner(s) must complete a separate Change of Beneficiary (PS367) form for the new policy, if this is not received the split will not be processed.

* If new policy number has not been assigned indicate "new policy".

Section 9 Policy split or severance cont'd

For Joint First-to-Die policies, if any joint insured(s) were issued with a sub-standard rating, underwriting is required on each rated joint insured. Complete the **Policy Change Application (LP386)**.

For Joint Last-to-Die policies, if any joint insured(s) were issued with a sub-standard rating, policy split is not available.

Effective date of the change will be the Policy's monthly anniversary date closest to the date the request is received at ivari's Head Office.

A surrender charge may apply during the surrender charge period if any UL coverage is cancelled or reduced. This amount will be withdrawn from the fund value of your policy. The split/severance may also affect the premium rate and/or discount on your policy.

Section 10 Name change

Use this section to update or correct a name, for example; due to marriage, legal name change, etc. Do not use this section to designate a new policy Owner or beneficiary.

Insured Owner Beneficiary Payor New name: _____

Reason (marriage, court order, etc.): _____

A copy of the name change documentation must be submitted. Once this name change is processed, ivari will be authorized to transact any business under the Policy with the individual/organization bearing the new name.

All ivari policies held under your name will be updated to reflect this change

Corporations: please attach articles of amalgamation/amendment showing correct legal name. Please provide old/new signatures as indicated below

Old signature

New signature

Section 11 Duplicate policy request – lost policy declaration and indemnification

You can view details about your ivari insurance policy online with my ivari*? Register today at ivari.ca

*Available for policies issued on or after January 1, 1990

Select one option only

I/We request a duplicate contract

I/We request a statement of coverage free of charge. (not available for Universal Life products)

\$50 fee enclosed: Yes No **(Note: If \$50 fee is not enclosed, no duplicate policy will be issued.***)**

Select how you would like to receive the duplicate contract: mail contract to the Owner
Email electronic contract securely to the email address noted in Section 1

If no option selected, ivari will mail contract to the Owner.

I request that ivari issue a duplicate Policy ("Duplicate Policy"), or statement of coverage, because the original Policy ("Original Policy"), is lost or destroyed. Other than as shown on the records of ivari, to the best of my knowledge and belief, no other person has any claim or interest in the Policy or possession of it:

No exceptions

Exceptions noted in Remarks section. The appropriate consent(s) and/or release(s) must be submitted together with your request.

ivari is providing this duplicate policy ("Duplicate Policy") to the policy Owner as a customer service. By accepting the Duplicate Policy the policy Owner acknowledges that:

- the Duplicate Policy does not replace the terms of the original policy contract including any amendment//endorsements attached thereto by ivari at the time of issue or thereafter ("Original Policy"), and
- in the event that there is any conflict or difference between the terms of the Original Policy and the Duplicate Policy, the terms of the Original Policy shall govern. In the event of a dispute concerning the terms or benefits available under the Original Policy ivari's business records shall be determinative.

*** As legislated, no charge for the first duplicate request for Owner(s) residing in the provinces of Alberta, British Columbia, Ontario, Manitoba and Saskatchewan.

Surrender/Partial withdrawal declaration

Upon payment of a partial surrender amount under the policy, ivari shall have no further liability with respect to the amount so paid

Upon payment of the full surrender amount under the policy, ivari will be discharged from all of its obligations and liabilities under the policy and all related documents. The policy is hereby discharged and terminated.

Each of the undersigned declares that no proceedings in bankruptcy are pending against him/her/it and that his/her/its property is not subject to any assignment for the benefit of creditors, or to any lien, and that the policy is free of encumbrances, except as follows:

None

Exceptions noted in Remarks section. The appropriate consent(s) and/or release(s) must be submitted together with your request.

If the Policy is currently assigned, the request must be signed by the Assignee or accompanied by a release of assignment in the form acceptable to ivari. If the request is made by the Owner's personal representative, the request must be accompanied by a notarial copy of the probated will or letters of administration. If the request is made by the Owner's Committee or Guardian a court order authorizing same is required.

Notice regarding collection, use and disclosure of personal information

The personal information provided in this application will be added to and form part of the file ivari has established and continues to maintain at its head office. It may be used to service your policy and for investigation and claims analysis. It may also be shared with your independent insurance advisor and the managing general agencies, distributors and market intermediaries and their employees with which your advisor is associated and ivari's reinsurers for the purposes described below. If necessary, it may also be shared with your beneficiaries to process a claim.

The information collected from this application is used for the following purposes:

- Evaluating your insurance application, servicing your policy, and investigation and claim analysis.

You have the option to provide your Social Insurance Number (SIN) now to avoid any future delays. It will be used only for tax reporting, and record keeping, as needed. Certain transactions requested under the universal life policy may require you to provide your SIN before processing. Except in respect of tax reporting in accordance with tax legislation, you may withdraw consent at any time by contacting ivari's **Client Services** department using the contact number listed on your policy.

ivari may, from time to time, retain the services of third parties to assist in administering ivari insurance policies ("Third Party Administrators"). These Third-Party Administrators will use your personal information only for the purposes of providing services to ivari and no other purposes.

We may also retain third party service providers to communicate with you about or provide you with other products and services. If we rely on a third-party service provider, we will disclose only your name, contact information, and current insurance coverage, but not your health or financial information.

All third-party service providers are obligated to maintain the confidentiality of personal information consistent with ivari's privacy and security practices, in accordance with applicable laws and in a manner consistent with the use for which it was collected.

Your personal information may be securely used, stored or accessed in other countries and may be subject to the laws of those countries. For example, personal information may be disclosed in response to demands or requests from government authorities, courts or law enforcement in these countries.

We have safeguards to protect your personal information; however, in the event of an unauthorized access, disclosure or use of your personal information, there is a possibility that you may experience: identity theft, negative effects on a credit record, financial loss, embarrassment or damage to reputation. If ivari believes that you face a real risk of significant harm, ivari's Privacy Office will notify you of the data breach and suggest steps to reduce your risk of harm.

Subject to exceptions set out in applicable legislation, you may access your file and request corrections to your personal information by sending us a written request to:

Privacy Office, ivari, 200-5000 Yonge Street, Toronto, Ontario M2N 7E9.

Remarks (please indicate section number)

Section 12 Signatures

ALL OWNERS MUST SIGN

I/We have read and fully understand the contents of the notice regarding collection, use and disclosure of personal information as stated above and acknowledge and consent to the collection, use and disclosure of my/our personal information by ivari and its affiliates for the purposes identified therein.

Signed at (city) _____ in the province of _____ on _____
(DD/MM/YYYY)

Signature of Policy Owner _____ (include name and title if Owner is an Entity) Signature of Witness _____ Print name _____

Signature of Policy Owner _____ (include name and title if Owner is an Entity) Signature of Witness _____ Print name _____

Signature of Preferred/Irrevocable Beneficiary _____ Print name (If applicable) _____ Signature of Witness _____ Print name _____

Assignee signature _____ Title _____ Print name _____
(name and title of person signing and bank stamp for financial institutions)

If the Owner is an Entity, the signature, name and title of the authorized signing officers thereof are required, as stated in the by-laws of the Entity, together with the full legal name of the entity.

Distributor/Advisor information

Distributor's/Advisor's office _____

Independent advisor _____ Code _____

As the advisor I confirm I witnessed the above signature(s).

As the advisor I confirm that the new banking details included with this request (reference Section 7) has been received by the policy owner.

Print advisor name _____ Advisor signature _____



P.O. Box 4241, Station A, Toronto, ON M5W 5R3 • Telephone: 1-800-846-5970 • **ivari.ca**



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