



SLI

**SPECIALTY LIFE
INSURANCE**

**POLICY SERVICE
APPLICATION**

Use this form to:

1. update your address/contact information - Complete section 1 and sign in section 6
2. correct/update a legal name change - Complete section 1, 2 and sign in section 6
3. decrease the sum insured amount - Complete section 1,3 and sign in section 6
4. request a duplicate contract - Complete section 1,4 and sign in section 6
5. cancel your life insurance policy - Complete section 1,5 and sign in section 6

1. Policy Owner contact information (Please complete)

<input type="text"/>	<input type="text"/>		
Life Insured Name	Policy Number(s)		
<input type="text"/>	<input type="text"/>		
Owner's Name(s)	Owner's telephone number		
<input type="text"/>	<input type="text"/>		
Owner's Name(s)	E-mail address*		
<input type="text"/>	<input type="text"/>		
Street address	Apt./Suite		
<input type="text"/>	<input type="text"/>		
City	Province	Postal code	Country

Is this a new address? yes no If "yes", provide previous address.

<input type="text"/>	<input type="text"/>		
Street address	Apt./Suite		
<input type="text"/>	<input type="text"/>		
City	Province	Postal code	Country

2. 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.

Life Insured Owner Beneficiary Payor New name:

Reason (marriage, court order, etc.)

A copy of the name change documentation must be submitted. The company is now authorized to transact any business under the Policy in the new name.

<input type="text"/>	<input type="text"/>
Old signature	New signature

3. Decrease – Sum Insured Amount

<input type="text"/>	<input type="text"/>	<input type="text"/>
On the life of	From \$	To \$

NOTE: You cannot decrease your sum insured below the plan minimum for this policy and plan type. The effective date of the change will be the Policy's next monthly anniversary date.

4. Duplicate policy request – lost policy declaration and indemnification

- As the Owner of the Policy, I request that **Specialty Life** issue a duplicate Policy, because the original Policy is lost or destroyed. Other than as shown on the records of **Specialty Life** and **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 below. The appropriate consent(s) and/or release(s) must be submitted together with your request.

<input type="text"/>
Remarks

In consideration of the issuance of a duplicate Policy, I agree to indemnify **Specialty Life** and **ivari** from all losses which may directly or indirectly result from the granting of this request. I further agree that the duplicate Policy, if issued, is provided as a customer service only and does not replace the terms of the original Policy contract including any amendments/endorsements attached thereto by **Specialty Life** at the time of issue or thereafter.

5. Cancellation of policy:

- I/We elect to cancel our life insurance policy

NOTICE REGARDING COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

The personal information provided in this form will be added to your existing file. It may be used to service your Policy and for investigation and claims analysis. Your file will be accessible to only those employees and authorized representatives of **Specialty Life** and **ivari** responsible for administering your file, and other persons authorized by you or by law. **Specialty Life** and **ivari** may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. It may also be shared with managing general agencies, distributors, market intermediaries and their employees and agents, and your independent advisors for such purposes.

Your banking information may be disclosed to the financial institution(s) processing your pre-authorized debit payments. If necessary, your personal information may also be shared with your Beneficiaries in relation to a claim.

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 may communicate with you about other insurance products and services. If we rely on a marketing service provider to communicate with you, we will disclose only your name, contact information, and your current insurance coverage, but not your health or financial information. Specialty Life and ivari each require its service providers to safeguard the confidentiality of personal information consistent with their privacy and security practices and in accordance with applicable laws.

If you do not wish your personal information to be used for this optional purpose, check here () or write to **Specialty Life** at, 8000 Jane Street, Tower A, Suite 101, Concord, ON L4K 5B8, Attention: Privacy Office.

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 **Specialty Life** or **ivari** believe that you face a real risk of significant harm, **Specialty Life'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, **Specialty Life**, 8000 Jane Street, Tower A, Suite 101, Concord, ON L4K 5B8.

To review our privacy policy, visit slinsurance.ca. To review *ivari*'s privacy policy, visit ivari.ca.

By signing and submitting this form on your own behalf, you give your consent to the collection, use and disclosure of your personal information as described above and elsewhere in your application.

*Canada's anti-spam legislation regulates the distribution of email messages to consumers. To comply with this law, *ivari* and **Specialty Life** are required to obtain your consent for the purposes of sending you email messages regarding policy information, product information and marketing material. By providing your email address, you consent to receiving email messages as outlined above from *ivari* and **Specialty Life**. You may withdraw consent by contacting us at the address below.

6. 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 **Specialty Life** and *ivari* and its affiliates for the purposes identified therein.

Signature of Witness

Signature of Owner

Signature of Witness

Signature of Owner

Signature of Witness

Signature of Irrevocable Beneficiary (if applicable)

Signature of Assignee & title(s) (if applicable) Stamp also required if Assignee is a financial institution

Dated at: _____
City: Province: Date: (DD/MM/YYYY)

Distributor/Advisor information

Distributor's/Advisor's office

Independent Advisor

Code: