



**POLICY SERVICE  
APPLICATION**

## Use this form to:

1. update your address/contact information - Complete section 1-2 and sign section 6
2. correct/update a legal name change - Complete section 1, 2 and sign section 6
3. decrease the sum insured amount - Complete section 1,3 and sign section 6
4. request a duplicate contract - Complete section 1,4 and sign section 6
5. cancel your life insurance policy - Complete section 1,5 and sign 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 THE CHANGE OF OWNERSHIP AND BENEFICIARY FORM TO DESIGNATE A BENEFICIARY OR CHANGE THE OWNERSHIP

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

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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 the company issue a duplicate Policy, because the original Policy is lost or destroyed. Other than as shown on the records of the Company, 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.

Remarks

In consideration of the issuance of a duplicate Policy, I agree to indemnify the Company 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 application will be added to your existing file. It may be used to administer services and process claims. Your file will only be accessible to employees and authorized representatives of the Company ("Company" includes Specialty Life Insurance, the insurer *ivari* and *ivari*'s reinsurers) responsible for administering your file, and other persons authorized by you or by law. Your personal information may be shared with the entities and persons identified in this disclosure for the purposes of obtaining the information required. Specialty Life and *ivari*, or its reinsurers, 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 or disclosed to your independent insurance advisor, managing general agencies, distributors and market intermediaries and their employees and agents and your Independent Advisors for purposes identified above.

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. Specialty Life and *ivari*, or its reinsurers, 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.

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 Officer, Specialty Life, 166 Woodstream Blvd, Woodbridge, ON L4L 7V2. Your personal information will be collected, used, disclosed, shared and treated as described herein, or as otherwise described at or before the time of collection, use or disclosure, or as otherwise permitted by law. To review our privacy policy, visit [specialtylifeinsurance.ca](http://specialtylifeinsurance.ca).

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. From time to time we may use your personal information to determine which other insurance and financial products and services may meet your needs and to offer them to you. We may disclose your personal information to our affiliated companies for their own use for such purposes. However, we will not disclose your health information to our affiliates for such purposes. By signing and submitting this application on your own behalf you give your consent to the collection, use and disclosure of your personal information as described above and elsewhere in this 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 the Company and its affiliates for the purposes identified therein.

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Signature of Witness

Signature of Owner

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Signature of Witness

Signature of Owner

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Signature of Witness

Signature of Irrevocable Beneficiary

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

Dated at: 

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City:

Province:

Date: (DD/MM/YYYY)

## Distributor/Advisor information

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Distributor's/Advisor's office

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Independent advisor

Code: