

This form does not create a Movable Hypothec. Its sole purpose is to provide notice to Speciality Life Insurance pursuant to section 2461 of the Civil Code of Quebec. NOTE: This form allows you to notify Speciality Life Insurance that a Movable Hypothec without delivery has been consented to in Quebec and that a policy has been assigned as collateral. Notice can also be given to Speciality Life Insurance by transmitting the document attesting to the Movable Hypothec to which you have agreed. The owner(s) and the hypothecary creditor take full responsibility that the form meets the legal requirements for the purpose(s) they seek to achieve. By signing this form the Owner(s) and the beneficiary(ies) confirm that they have had the opportunity to seek independent legal advice. Speciality Life Insurance is not responsible for the validity of the Hypothec. The Hypothec ranks from the time Speciality Life Insurance receives notice thereof.

1 Contract Details

Policy Number(s)

Owner(s) Last name	First name
Last name	First name

2 Notice of Hypothec (Hypothecary Creditor Details)

I, the undersigned Owner, hereby notify you that I have charged by Hypothec all my rights inherent in and resulting from the abovementioned policy in favor of the hypothecary creditor named below, up to the balance of the debt, interest and accessories.

Name of Assignee (creditor)

Street	Appt. / Suite		
City	Prov.	Postal Code	Country
Telephone number	Relationship to policy owner(s)		

3 Signature of Owner(s) **ALL OWNERS MUST SIGN IF THERE ARE MULTIPLE OWNERS**

I the undersigned, Owner of the policy, confirm that:

- All my rights under this policy are charged with a Hypothec up to the balance of the debt, interest and accessories;
- This Hypothec revokes any beneficiary designation up to the balance of the debt, interest and accessories;
- Speciality Life Insurance is not responsible for the validity of the Hypothec and the parties to the Hypothec have the responsibility to obtain independent legal advice;
- Speciality Life Insurance has no responsibility to notify the hypothecary creditor that a policy premium is due or that the policy could or has lapsed for non payment of premiums. No act or conduct on the part of Speciality Life Insurance (i) can cause an obligation or duty to notify the hypothecary creditor, or (ii) constitutes a waiver of any policy provision;
- The exercise of any right provided by the moveable Hypothec without delivery must be preceded by notice as required by Law to exercise these hypothecary rights.

Sign Here

Signature of Owner

Witness

Date (DD/MM/YYYY)

Sign Here

Signature of Owner

Witness

Date (DD/MM/YYYY)

4 Consent of Irrevocable Beneficiary

By signing below, the irrevocable beneficiary consents to the Movable Hypothec without delivery in favor of the above-mentioned hypothecary creditor up to the balance of the debt, interest and accessories, as outlined in section 3:

Sign Here

Irrevocable beneficiary signature

Witness

Date (DD/MM/YYYY)

Print name of irrevocable beneficiary

This form allows you to notify Speciality Life Insurance that the Movable Hypothec without delivery on the policy detailed below has been cancelled. The owner(s) and the hypothecary creditor take full responsibility that this form meets the legal requirements for the purpose(s) they seek to achieve. By signing this form, the hypothecary creditor confirms that (s)he has had the opportunity to seek independent Speciality Life Insurance legal advice. is not responsible for the validity of the notice of cancellation of the Hypothec.

1 Contract Details

Policy Number(s)

Owner(s)	Last name	First name
	Last name	First name

2 Hypothecary Creditor Details

Name			
Street		Appt. / Suite	
City	Prov.	Postal Code	Country
Telephone number		Relationship to policy owner(s)	

3 Notice of release of Movable Hypothec and signature of creditor

I, the undersigned creditor, hereby notify you that the Movable Hypothec without delivery on the above-mentioned policy has been cancelled.

Signature of Owner	Witness	Date (DD/MM/YYYY)
Signature of Owner	Witness	Date (DD/MM/YYYY)