

# TRANSFER OF OWNERSHIP

Throughout this form, "Empire Life" means The Empire Life Insurance Company.

## Important information before completing this form:

- Transferring ownership revokes existing Beneficiary and Contingent/Successor Owner or Subrogated Policyholder (in Quebec) designations. The new Owner must complete a Beneficiary and Contingent/Successor Owner or Subrogated Policyholder Designation form D-0017 or benefits payable will be paid to the new Owner or his/her estate.
- If beneficiary(ies) for one or more Policies/Contracts are irrevocable or preferred and are not the same for all Policies/Contracts a separate form will be required for each.
- To change the Payor the new Owner(s) must complete Pre-Authorized Debit (PAD, formerly PAC/APP) Authorization form C-0170 or annual billing notices will be sent to the new Owner.

1. Policy/Contract number(s)	Life/Person Insured(s) (Life & Health Policies) / Annuitant (Non-registered Investment Plans only)	Current Owner(s)

**2. I hereby revoke any existing beneficiary designation(s) and any Owner designation(s) and transfer and assign all rights and obligations in the above Policy(ies)/Contract(s) to:**

**New Owner (If the new Owner is a corporation/organization, also complete form C-0044.)**

Name (first, middle, last) or exact name of corporation/organization

Address (number, street)		City	Province	Postal code
Telephone		Occupation (job title and duties) – if retired, indicate former occupation		
<input type="radio"/> Male	Social Insurance Number (SIN)		Date of birth (dd/mmm/yy)	
<input type="radio"/> Female				
Relationship to previous Owner(s)		Relationship to Life/Person Insured(s)/Annuitant		

**New Joint Owner (If the new Joint Owner is a corporation/organization, also complete form C-0044.)**

Name (first, middle, last) or exact name of corporation/organization

Address (number, street)		City	Province	Postal code
Telephone		Occupation (job title and duties) – if retired, indicate former occupation		
<input type="radio"/> Male	Social Insurance Number (SIN)		Date of birth (dd/mmm/yy)	
<input type="radio"/> Female				
Relationship to previous Owner(s)		Relationship to Life/Person Insured(s)/Annuitant		



# TRANSFER OF OWNERSHIP CONT'D

**2. (cont'd) If Policy/Contract is a non-registered investment plan or a life insurance policy with cash/surrender values (including but not limited to Trilogy Universal Life, Optimax, Concept 2000 or Solutions Series with values) the Advisor must verify the identity of the new Owner(s) by reviewing the original of one of the acceptable documents listed below and completing Section 6. If you do not have an Advisor, please call Empire Life toll free at 1-800-561-1268.**

**Verification of Owner and Joint Owner**

<b>Owner</b>	<input type="radio"/> Birth Certificate <input type="radio"/> Passport <input type="radio"/> Provincial Health Card (except in MB, ON and PEI) <input type="radio"/> Driver's Licence (with photo and signature) <input type="radio"/> Other _____	Place of issue (province, territory, country)	
		Document #	Expiry date
<b>Joint Owner</b>	<input type="radio"/> Birth Certificate <input type="radio"/> Passport <input type="radio"/> Provincial Health Card (except in MB, ON and PEI) <input type="radio"/> Driver's Licence (with photo and signature) <input type="radio"/> Other _____	Place of issue (province, territory, country)	
		Document #	Expiry date

**3. In which language should we communicate to the new Owner(s)?**  
 English    French   If not specified we will communicate in the language of this form.

**4. Was any consideration (money) paid by the new Owner(s) for this transfer?**  
 No    Yes   If yes, indicate the amount: \$ \_\_\_\_\_

**5. Determination of Third Party Interests (Must be completed by Advisor)**

In making this application, is the Owner acting on behalf of a third party? (Your answer should be 'Yes' if someone other than the Life/Person Insured, Annuitant or Owner is or will be paying the premiums or has or will have an ownership interest in this Policy/Contract.)  
 No    Yes   (If yes, complete the following information for that third party.)

Name (first, middle, last) or exact name or corporation/organization		Date of birth (dd/mmm/yy)	
Address (number, street)	City	Province	Postal code
Occupation (if retired, indicate former occupation)	Type of business	Relationship to Owner	
Jurisdiction of registration (i.e. country, province, territory)		Incorporation number	

**6. Declaration and Authorization**

**I understand and agree that:**

- transferring ownership may have tax consequences and it is my responsibility to obtain any necessary tax or legal advice;
- Empire Life will maintain the information contained on this form and any related documents in my file. My file enables Empire Life and its employees, agents or representatives, on a continuing basis, to assess the information on this form, appraise the risk, assess any claim that I or my beneficiaries may make for benefits, administer my file, answer any questions I may have about this transfer of ownership or my file in general, and provide me with information about my file and Empire Life products and services;
- My file will be kept at the Head Office of Empire Life. Empire Life may use third party service providers located outside of Canada to process and store my personal information. To access a copy of our most recent Privacy Policy, please visit our Web site at [www.empire.ca](http://www.empire.ca);
- Empire Life will use personal information about me on a continuing basis for the purpose of my file. If I refuse to provide consent for this, Empire Life won't be able to assess my information or claim and issue, change or reinstate any Policy/Contract. If I am permitted by law to withdraw my consent, and do so, Empire Life will be unable to continue to administer the Policy/Contract, neither I nor my estate will be able to exercise any rights under the Policy/Contract and the Policy/Contract may be cancelled at the discretion of Empire Life.

**I authorize:**

- Empire Life to carry out the above-mentioned transaction in keeping with the rights, terms and conditions of the Policy(ies)/Contract(s);
- Empire Life to collect from and/or disclose information to my Advisor(s) (and agency) on an ongoing basis in order to provide me with ongoing service and advice related to my file. I understand I can change my Advisor or withdraw this authorization by writing to Empire Life.

**A photocopy or image of the signed Declaration and Authorization will be as valid as the original.**

# TRANSFER OF OWNERSHIP CONT'D

**6.** By signing below, I confirm that I have read, understood and agree to the statements in the Declaration and Authorization and consent to the use of my personal information as described.

(cont'd)

**EXISTING OWNER(S)**

If the Owner(s) and/or the new Owner(s) are a corporation, two officers of the corporation must sign and provide their names and titles, or one officer of the corporation accompanied by the company seal. Persons signing must provide proof of authority to bind the corporation.

Signature of Owner (or first authorized signature for Corporate Owner) <b>X</b>	Print name of Owner and title (if signing for corporation)
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**Joint Owner** OR  Only one corporate signing authority to bind corporation (copy of signing authority must be provided)

Signature of Joint Owner (or second authorized signature for Corporate Owner) <b>X</b>	Print name of Joint Owner and title (if signing for corporation)
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**Life/Person Insured(s) (applicable in Quebec only)**

Signature of Life/Person Insured 1 or Legal Guardian if minor <b>X</b>	Signature of Life/Person Insured 2 or Legal Guardian if minor <b>X</b>
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**Irrevocable Beneficiary(ies)**

By signing below, I consent to the change of ownership of this policy(ies) and relinquish any rights I have as beneficiary.

Signature of Irrevocable Beneficiary (if applicable) <b>X</b>	Print name of Irrevocable Beneficiary and title (if signing for corporation)
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The undersigned Assignee(s) hereby consent to the policy changes and acknowledge that they may affect the benefits under the policy.

Signature of Assignee(s) (if applicable) <b>X</b>	Print name of Assignee(s)
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**NEW OWNER(S)**

Signature of new Owner (or first authorized signature for Corporate Owner) <b>X</b>	Print name of new Owner and title (if signing for corporation)
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**New Joint Owner** OR  Only one corporate signing authority to bind corporation (copy of signing authority must be provided)

Signature of new Joint Owner (or second authorized signature for Corporate Owner) <b>X</b>	Print name of new Joint Owner and title (if signing for corporation)
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I have witnessed all signatures, determined third party interests in Section 5 and, if a non-registered investment plan or a life insurance policy with cash values, I have verified the identity of the new Owner(s).

Signature of Advisor <b>X</b>	Name of Advisor (please print)
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Signed at (city and province)	Date (dd/mmm/yy)
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Signature of Witness to Advisor signature (only if Advisor is the Owner or Life Insured) <b>X</b>	
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Name of Witness (please print)	Date (dd/mmm/yy)
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**RESERVED FOR HEAD OFFICE USE**

Recorded only in the files of The Empire Life Insurance Company. Empire Life expresses no opinion on the validity of the requested change.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd/mmm/yy)

