

POLICY NUMBER(S) AFFECTED BY THIS CHANGE

I/We request that The Wawanesa Life Insurance Company adjust its records so that the name of the following is changed:

FROM (Name according to present records)**TO (Name to which records should be changed)**

Date

Signature of Policyowner_____
Signature of Policyowner

Should you have any questions or need assistance, please contact our Customer Service Department:
PHONE 1-800-263-6785 FAX 1-888-985-3872 EMAIL lifecustserv@wawanesa.com

NOTICE CONCERNING PERSONAL INFORMATION

You have previously provided consent to Wawanesa Life for collection, use and disclosure of your personal information for the purposes of: establishing and maintaining communications with you; underwriting risks on a prudent basis; investigating and paying claims; detecting and preventing fraud; offering and providing products and services to meet your needs; compiling statistics and acting as required or authorized by law. That consent applied to personal information being provided to Wawanesa Life at that time and to personal information that may be provided after that time.

You can obtain further information about Wawanesa Life's Personal Information Protection Policy from the Wawanesa Life Head Office at 400-200 Main Street, Winnipeg, MB R3C 1A8 or at www.wawanesalife.com.

FOR HEAD OFFICE USE ONLY

PLEASE RETURN FORM TO: The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg MB R3C 1A8

An endorsed copy of this form will be returned to you once we have recorded the change.