



## TRANSFER OF OWNERSHIP OF POLICY

POLICY NUMBER(S)	LIFE INSURED or ANNUITANT

### DESIGNATION OF NEW POLICYOWNER

TRANSFER TO: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms

NAME

ADDRESS

PHONE NUMBER

OCCUPATION

IF POLICYOWNER IS NOT INSURED/ANNUITANT: RELATIONSHIP TO INSURED/ANNUITANT

Social Insurance Number  
DATE OF BIRTH DAY MON YR

JOINT OWNER (if applicable): ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms

NAME

ADDRESS

PHONE NUMBER

OCCUPATION

IF POLICYOWNER IS NOT INSURED/ANNUITANT: RELATIONSHIP TO INSURED/ANNUITANT

Social Insurance Number  
DATE OF BIRTH DAY MON YR

### IDENTITY VERIFICATION (required for each new owner)

**Individual owners:** Photocopy of Driver's License, Birth Certificate, Passport or similar record issued by provincial or federal government.

**Corporations and other entities:** Please provide requirements as specified on page 2.

### SIGNATURES

For valuable consideration received, the undersigned transfers all his or her rights and interests in the above-mentioned contract(s) of life insurance, issued by The Wawanesa Life Insurance Company, to the above-mentioned Policyowner unconditionally and otherwise as security. This transfer of ownership will take effect immediately and will revoke automatically any previous designation of a contingent policyowner.

Date

Signature of Present Policyowner(s)

Signature of New Policyowner(s)

### DESIGNATION OF CONTINGENT POLICYOWNER (this section should be completed when the Policyowner IS NOT the Life Insured)

Contingent  
Policyowner

Relationship  
to Life Insured

Subject to the terms of the contract, the Policyowner hereby requests that, in the event of the death of the Policyowner prior to the termination of the contract, all rights and interests formerly held by the Policyowner in this contract shall belong to the above-mentioned contingent policyowner. Any previous designation of a contingent policyowner is hereby revoked.

Date

Signature of Policyowner(s)

### 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](http://www.wawanesalife.com).

### FOR HEAD OFFICE USE ONLY

**ID VERIFICATION INFORMATION****Corporations and Other Entities:****1. Confirming existence – existence must be confirmed by referring to the following documents:**

- ◆ **Corporations:** Certificate of corporate status, a record that has to be filed annually under the provincial securities legislation, or any other record that ascertains its existence as a corporation (e.g. Income Tax Return)
- ◆ **Other Entities:** Partnership agreement, articles of association or other similar record.

A photocopy of the confirming document must be forwarded to Wawanesa Life for record keeping.

**2. Obtaining beneficial ownership information – the following information must be obtained and forwarded to Wawanesa Life:**

- ◆ Name and occupation of all directors of the corporation, and
- ◆ Name, address and occupation of all individuals who directly or indirectly own or control 25% or more of the shares of the corporation/entity.

**3. Not-for-profit organizations – the following questions must be answered for all not-for-profit organizations (in addition to #1 above):**

- ◆ Is the entity a registered charity for income tax purposes? YES ☐ NO ☐
- ◆ If NO to the above, does the entity solicit charitable donations from the public? YES ☐ NO ☐

**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.**

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](mailto:lifecustserv@wawanesa.com)