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# Designation of Ownership Contingent Owner(s)

# F30AP



Agency	Code	Agent	Code	S.U.	Reserved for the agency Received:	Reserved for H.O. Received:
Policy no.		Last and first name of policyowner				

Attention: Corrected or altered forms will not be accepted. Signatures are required in each section completed.

## 1 • Transfer of Ownership

➔ If this is a Transfer of Ownership of a Universal Life contract providing \$500,000 or more in insurance coverage, please complete the Confirmation of Identity section on the overleaf.

Check off one of the boxes below and carefully read the applicable note, as well as the notes below, which apply in both cases.

- During the current policyowner's lifetime** ➔ If a new beneficiary is not designated the death benefit is payable to the policyowner indicated below or to his/her estate.
- Following the death of the current policyowner** ➔ The new policyowner must designate a new beneficiary, otherwise the beneficiary designated by the former policyowner remains the beneficiary.
- ➔ *The policyowner and the current irrevocable beneficiaries give up their rights in favour of the new policyowner.*
- ➔ *If the contract includes an additional benefit on the applicant, this benefit will be cancelled by the fact itself. If you would like to obtain an additional benefit for the new policyowner, complete form F4AP and attach proof of insurability (F3AP).*
- ➔ *If the method of payment is "Pre-Authorized Cheque" (PAC), do not forget to make the applicable banking information changes, if necessary.*

I hereby revoke all beneficiary, trustee and contingent policyowner designations made on this contract and transfer all my rights in said contract to the new policyowner designated hereafter.

Last name \_\_\_\_\_ First name \_\_\_\_\_ Y - M - D \_\_\_\_\_

Name of new policyowner \_\_\_\_\_ Relationship to insured \_\_\_\_\_ Date of birth \_\_\_\_\_

No. \_\_\_\_\_ Street \_\_\_\_\_ Apartment \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

E-mail \_\_\_\_\_ Tel.: Home \_\_\_\_\_ Work \_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Agent - witness                       Current policyowner(s)                       New policyowner(s)

Irrevocable beneficiary                       Current policyowner(s)                       New policyowner(s)

## 2 • Designation of a Contingent Policyowner

➔ The contingent policyowner becomes the owner of the contract upon the death of the current policyowner. This designation is always revocable.

I hereby revoke any previous contingent policyowner designation and designate the new contingent policyowner.

Last name \_\_\_\_\_ First name \_\_\_\_\_ Y - M - D \_\_\_\_\_

Name of new policyowner \_\_\_\_\_ Relationship to insured \_\_\_\_\_ Date of birth \_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Agent - witness                       Policyowner(s)

Policyowner(s)

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F30AP (07-10)



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## Disclosure Statement

The transaction represented by this request is between the policyowner and Industrial Alliance Pacific. The policyowner is not obligated to transact additional business with

the Agent/Agency, Industrial Alliance Pacific, or any other organization as a condition of this request.

## Constitution of a File and Protection of Personal Information

In order to offer you insurance, annuity and credit insurance products and other complementary services according to your needs, Industrial Alliance Pacific will establish a file in which your personal information will be kept.

This file will remain strictly confidential and will be kept in Industrial Alliance's Pacific offices. Only the employees or representatives of Industrial Alliance Pacific who need this information as part of their duties, or any other person whom you authorize, will have access to this file.

You are entitled to access the personal information contained in this file and, if necessary, to have it rectified by sending a written request to the following address:

Industrial Alliance Pacific Insurance and Financial Services  
Privacy Officer  
2165 Broadway West  
PO Box 5900  
Vancouver, BC V6B 5H6

Industrial Alliance Pacific may establish a list of its clients for its own commercial prospecting purposes or that of member companies of the Industrial Alliance Group. However, you are entitled to have your name removed from this list by making a written request to this effect to the Privacy Officer at the address indicated above.

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Detach and submit to client

**3 • Confirmation of Identity**

(This section must be completed for a Universal Life policy of \$500,000 or more of insurance coverage.)

Confirmation of identity for the purposes of the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*.

**1** Is the policyowner an individual?  Yes  No

If yes ➔ Complete Section a) in order to confirm the policyowner's identity. If the individual(s) conducting the transaction is not the policyowner, but is acting on behalf of the policyowner, also confirm his/her identity and relationship to the policyowner in Section a).

If no ➔ Complete Section b) to identify the company or non-corporate entity and Section a) to confirm the identity of the individual(s) conducting the transaction on behalf of the company or non-corporate entity, if applicable.

a) Name	Identification document	Document number	Place of issue	Relationship to policyowner
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Refer to their original driver's licence, birth certificate, passport or similar document.

b) Name of company or non-corporate entity	Names of directors	Type of document	Registration number	Place of issue
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Refer to a record that confirms the existence of the corporation or non-corporate entity (certificate of corporate status, partnership agreement, etc.). If you reviewed a hard copy of the relevant document, please attach a copy.

**2** If a third party is involved in this transaction, other than the ones mentioned above, confirm their identity and provide the necessary explanations. If the third party is an individual, provide the information required in Section 1 a). If the third party is a company or non-corporate entity, provide the information required in Section 1 b) and their relationship to the policyowner. Please provide the necessary explanations.

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