

Policyowner(s): _____

Contract number: _____

Important:

The policyowner and the representative must sign either **section 1** or **section 2** of this document, depending on whether the policyowner is confirming receipt of the contract or wants to request a change.

1. The policyowner confirms receipt of the contract

The policyowner confirms that they have received:

- the above-mentioned contract and read this document before signing it; and
- a copy of the financial needs analysis related to this contract (Quebec only).

The policyowner also confirms that the representative has explained the following to them and they clearly understand the information provided:

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| • The consequences of a change in insurability for the proposed insured (see form 14238E , if applicable) | • The premiums payable and potential changes to premiums over the years, if applicable |
| • The policyowner's rights | • The grace period for premium payments |
| • The wording of the General provisions and the Statutory conditions of the contract, if applicable | • The reinstatement conditions |
| • The wording of each coverage included in the contract | • The policy fees, if applicable |
| • The designation of beneficiaries | • The cash surrender value, if applicable |
| • The amounts payable under a coverage | • The procedures for making a claim, or changing an address or banking information, etc. |

Signatures

 **If there is more than one policyowner, each policyowner must sign below.**

Policyowner – Individual

X _____
Signature of policyowner Signed at (city, province or territory) Date (yyyy/mm/dd)

X _____
Signature of policyowner Signed at (city, province or territory) Date (yyyy/mm/dd)

Policyowner – Corporation, trust or other entity

First and last names of the person authorized to sign for the policyowner

X _____
Signature of the person authorized to sign for the policyowner Signed at (city, province or territory) Date (yyyy/mm/dd)

Representative

X _____ **X** _____
Signature of representative ☐ Check if trainee Signature of supervisor (Quebec only) Date (yyyy/mm/dd)

2. The policyowner wants to request a change

Instructions:

- Please describe the requested change below.
- Please return the duly completed and signed form, the contract and a new illustration.

If we approve the requested change, we will return the amended contract to you.

If we cannot approve the change, we will ask you to provide more information or let you know that the request has been denied.

Change requested:

Signatures

 If there is more than one policyowner, each policyowner must sign below.

Policyowner – Individual

X _____ Signature of policyowner	_____ Signed at (city, province or territory)	_____ Date (yyyy/mm/dd)
X _____ Signature of policyowner	_____ Signed at (city, province or territory)	_____ Date (yyyy/mm/dd)

Policyowner – Corporation, trust or other entity

First and last names of the person authorized to sign for the policyowner

X _____ Signature of the person authorized to sign for the policyowner	_____ Signed at (city, province or territory)	_____ Date (yyyy/mm/dd)
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Representative

X _____ Signature of representative <input type="checkbox"/> Check if trainee	X _____ Signature of supervisor (Quebec only)	_____ Date (yyyy/mm/dd)
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