

Transfer of Ownership

INSURANCE TO TRANSFER – to be completed by existing owner				
Current Owner (First, Middle, Last) : _____				
Insured Person (First, Middle, Last) : _____ Policy Number: _____				
NEW OWNER – to be completed by existing owner				
New Owner (First, Middle, Last) : _____				
New Owner's Address: _____				
Street	City	Province	Postal Code	
New Owner's Social Insurance Number: _____ (to be completed by new owner)				
PRIMARY BENEFICIARIES – to be completed by the owner(s)				
Name (First, Middle Initial, Last)	Date of Birth (dd/mm/yyyy)	Address	Relationship *	Share %
* Relationship of beneficiary to insured person or, in Quebec, to the owner				Total must equal 100%
SECONDARY BENEFICIARIES – to be completed by the owner(s)				
Name (First, Middle Initial, Last)	Date of Birth (dd/mm/yyyy)	Address	Relationship *	Share %
* Relationship of beneficiary to insured person or, in Quebec, to the owner				Total must equal 100%
Quebec Policies only – if you, the new owner, name your spouse or your civil union partner as a beneficiary, the designation is irrevocable unless you select: <input type="checkbox"/> REVOCABLE				
Beneficiary Designation Instructions and Notes:				
<p>1) On accident & sickness products, such as stand-alone Hospital Cash policies, you cannot name a beneficiary. Proceeds will be payable as described in the policy.</p> <p>2) Except as noted for Quebec, beneficiaries are revocable unless you write the word "Irrevocable" beside the beneficiary's name. In Nova Scotia, to name an irrevocable beneficiary, you must also complete the Irrevocable Designation Acknowledgement Form</p> <p>3) If you designate an irrevocable beneficiary, your rights under this insurance will be limited. For example, to name a new beneficiary, you will need the existing irrevocable beneficiary's consent or, where permitted by law, a court order. A parent cannot consent on behalf of an irrevocable beneficiary who is a minor.</p> <p>4) A secondary beneficiary will not receive any share of the proceeds unless there is no primary beneficiary who is alive and entitled to receive the proceeds when a claim arises.</p>				

TRUSTEE (NOT APPLICABLE IN QUEBEC) – to be completed by new owner		
If you have named a beneficiary who is a minor, please name a trustee to receive any proceeds payable to the child while a minor.		
Trustee: _____ Relationship to new owner: _____ <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> _____ First _____ Initial _____ Last </div>		
CONTINGENT OR SUBROGATED OWNER – to be completed by new owner		
If the new owner is not the insured person, please name a person to receive all rights and interest in the policy on the new owner's death.		
Contingent / Subrogated Owner: _____ Relationship: _____ <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> _____ First _____ Initial _____ Last </div>		
AUTHORIZATION OF CHANGE – to be completed by the existing owner(s), any existing irrevocable or preferred beneficiary, Collateral Assignee and the new owner		
<p>By signing below:</p> <ul style="list-style-type: none"> • Each existing owner transfers all rights in the insurance policy(ies) listed above to the new owner. <ul style="list-style-type: none"> ○ This transfer of ownership revokes all existing designations of beneficiaries, trustees and successor / subrogated owners. • Each existing irrevocable or preferred beneficiary consents to the transfer of ownership, the revocation of all existing designations of beneficiaries, trustees and successor / subrogated owners and, in particular, the termination of his, her or its rights as beneficiary under this insurance. • Each Collateral Assignee releases all rights in the insurance policy (ies) listed above. • Each new owner designates the beneficiaries, trustees and successor / subrogated owners listed above. <ul style="list-style-type: none"> ○ NOTE: For accident and sickness insurance policies, such as stand-alone Hospital Cash, you cannot name a beneficiary. Proceeds will be payable as described in the policy. 		
CURRENT OWNER(S)		
Dated at _____ this _____ day of _____ 201_____		
_____ Owner's Signature	_____ Please print name and, if signing for a company, title	_____ Witness Signature (other than Beneficiary)
_____ Owner's Signature	_____ Please print name and, if signing for a company, title	_____ Witness Signature (other than Beneficiary)
If current owner is a company, please have two officers sign, or one officer with corporate seal. If you are the only signing officer and there is no corporate seal, please sign above, and initial here to confirm:		Initials
NEW OWNER(S)		
Dated at _____ this _____ day of _____ 201_____		
_____ New Owner's Signature	_____ Please print name and, if signing for a company, title	_____ Witness Signature (other than Beneficiary)
_____ New Owner's Signature	_____ Please print name and, if signing for a company, title	_____ Witness Signature (other than Beneficiary)
If a new owner is a company, please have two officers sign, or one officer with corporate seal. If you are the only signing officer and there is no corporate seal, please sign above, and initial here to confirm:		Initials

IRREVOCABLE OR PREFERRED BENEFICIARY		
Dated at _____ this _____ day of _____ 201_____		
_____ Beneficiary's Signature	_____ Please print name and, if signing for a company, title	_____ Witness Signature (other than Beneficiary)
If beneficiary is a company, please have two officers sign, or one officer with corporate seal. If you are the only signing officer and there is no corporate seal, please sign above, and initial here to confirm:		_____ Initials
COLLATERAL ASSIGNEE		
Dated at _____ this _____ day of _____ 201_____		
_____ Collateral Assignee's Signature	_____ Please print name and, if signing for a company, title	_____ Witness Signature (other than Beneficiary)
_____ Collateral Assignee's Signature	_____ Please print name and, if signing for a company, title	_____ Witness Signature (other than Beneficiary)
If collateral assignee is a company, please have two officers sign, or one officer with corporate seal. If you are the only signing officer and there is no corporate seal, please sign above, and initial here to confirm:		_____ Initials
Signature Instructions and Notes		
<p>1) If any owner, collateral assignee or beneficiary is a company, we will require:</p> <ul style="list-style-type: none"> • <i>Two signing officers' signatures and titles</i> <u>OR</u> • <i>One signing officer's signature and title and the corporate seal</i> <u>OR</u> • One signing officer's signature and title, and his or her initials to confirm that he or she is the only signing officer for the company and there is no corporate seal. <p>2) The current beneficiary must sign to release his or her rights if he or she is a:</p> <ul style="list-style-type: none"> • Preferred Beneficiary: <ul style="list-style-type: none"> ○ A preferred beneficiary is a beneficiary who was named prior to July 1, 1962, in all Provinces except Quebec, who is one of the following to the Insured Person: husband, wife, child, adopted child, grandchild, and child of adopted child, parent or adoptive parent. ○ The preferred beneficiary does not have to sign if you are naming another preferred beneficiary. • Irrevocable Beneficiary: <ul style="list-style-type: none"> ○ An irrevocable beneficiary is a beneficiary whom you named to receive insurance money if: <ul style="list-style-type: none"> ▪ The owner has specified on the beneficiary designation form that the designation is to be irrevocable, and has complied with any applicable formalities required to make the designation irrevocable under provincial law; or ▪ In Quebec only, a beneficiary who is the spouse or, currently, civil union partner of the owner, if the owner did not specify on the beneficiary designation form that the designation was to be revocable. <p>3) If signing as executor, please enclose copies of legal authorization.</p>		
Please complete this form and return it to:		
<input type="checkbox"/> Foresters Life Insurance Company 1100 – 250 Ferrand Dr. Toronto, ON M7Y 7E1 Canada		
An endorsed COPY of this change will be returned for your records		
HEAD OFFICE USE ONLY - <i>This document has been registered by FORESTERS LIFE INSURANCE COMPANY but no responsibility is assumed for the validity thereof.</i>		
On:	By:	