

TRANSFER OF OWNERSHIP AND APPOINTMENT OF CONTINGENT/SUCCESSOR OWNER OR SUBROGATED POLICYHOLDER

Throughout this form, "Empire Life" means The Empire Life Insurance Company.

Important Information for completing this form:

- Transferring ownership revokes existing beneficiary designations (unless irrevocable or preferred) and contingent/successor Owner or subrogated policyholder (in Quebec) nominations. To designate a beneficiary, the new Owner must complete the D-0017 - Beneficiary Designation form. If there is no designated beneficiary, any benefits payable on the death of the Life Insured(s)/Annuitants will be paid to the new Owner or his/her estate.
- A beneficiary cannot be designated for an Empire Life Disability Credit Protect coverage. **Any monthly benefit payable under an Empire Life Disability Credit Protect coverage is payable to the new policy owner.** If there are two new Owners, the monthly benefit is payable to them jointly.
- If beneficiary(ies) for one or more policies/contracts are irrevocable or preferred, or if there is an assignment, the beneficiary/assignee must sign this form. If they are not the same for all policies/contracts a separate form will be required for each. In Quebec, life insured(s) must consent to the transfer of ownership if there is no insurable interest. Minor beneficiaries/life insureds cannot provide consent.
- To change the payor on a life insurance policy, the new Owner must complete form C-0170 - Pre-Authorized Debit (PAD) Authorization. If the new Owner does not submit a completed C-0170 form, the mode of payment will be changed to annual and billing notices will be sent. To change the payor on an investment contract, the new Owner must complete the applicable INP-125 - Investment Change form.

If you make an error, please strike out and initial the error, then make the correction. Do not erase or use liquid paper.

1.0 Policy/contract number(s)			
Current Owner(s)			
I hereby revoke any existing beneficiary designation(s) and any Owner nomination(s) and transfer and assign all rights and obligations in the above policy(ies)/contract(s) to:			
NEW OWNER (If the new Owner is a corporation/entity, also complete form C-0044.)			
First name			Middle initial
Last name or legal name of corporation/entity			
Address (number, street) (If using a PO Box, also provide your physical address)			
City			Province Postal code
Date of birth d d - m m m - y y y y		Preferred contact number - -	
Relationship to previous Owner(s)		Relationship to Life Insured(s)/Annuitant	
Name of employer			
Occupation			
For life insurance policies, specify if your occupational duties include any of the following:			
<input type="radio"/> Military/armed forces <input type="radio"/> Aviation <input type="radio"/> Forestry <input type="radio"/> Offshore fishing <input type="radio"/> Offshore oil & gas <input type="radio"/> Professional sports/entertainment <input type="radio"/> Professional underwater diver <input type="radio"/> None of the above			
*Not required if the policy is term life insurance.			

1.0 NEW JOINT OWNER (If the new joint Owner is a corporation/entity, also complete form C-0044.)

First name											Middle initial				
Last name or legal name of corporation/entity															
Address (number, street) (If using a PO Box, also provide your physical address)															
City										Province		Postal code			
Date of birth					Preferred contact number					SIN*					
d	d	-	m	m	m	-	y	y	y	y	-	-			
Relationship to previous Owner(s)				Relationship to Life Insured(s)/Annuitant				Name of employer							
Occupation															
For life insurance policies, specify if your occupational duties include any of the following:															
<input type="radio"/>	Military/armed forces			<input type="radio"/>	Aviation		<input type="radio"/>	Forestry		<input type="radio"/>	Offshore fishing		<input type="radio"/>	Offshore oil & gas	
<input type="radio"/>	Professional sports/entertainment				<input type="radio"/>	Professional underwater diver				<input type="radio"/>	None of the above				
*Not required if the policy is term life insurance.															
Is this ownership change a result of a marriage or common-law partnership breakdown? <input type="radio"/> no <input type="radio"/> yes – is it made in accordance with a decree, order or judgment of a competent tribunal or under a written separation agreement? <input type="radio"/> no <input type="radio"/> yes															
If yes, you must provide the date of separation or the transfer will be taxable: d d - m m m - y y y y															

1.1 Contingent/Successor Owner or Subrogated Policyholder (in Quebec):

The contingent/successor Owner will become the Owner if all Owner(s) predecease the life insured(s) or if the policy is owned jointly without right of survivorship and one Owner dies. In Quebec, if an Owner dies, the subrogated policyholder for that Owner will become the Owner of the policy or a co-owner with the surviving joint Owner. Refer to your policy/contract if a contingent/successor Owner or subrogated policyholder is not named for the deceased Owner.

First name											Middle initial	
Last name or legal name of corporation/entity												
Phone number: <input type="radio"/> home <input type="radio"/> cell					Email address*							
-	-	-	-	-	-	-	-	-	-	-	-	-
Relationship to Life Insured(s)/Annuitant						Relationship to Owner (if not a Life Insured/Annuitant)						

*Email address may be used to contact you at the time of the change to contingent/successor Owner/subrogated policyholder.

1.2 Declaration, Authorization and Signatures of Existing Owner(s)

I **understand and agree** that transferring ownership may have tax consequences and it is my responsibility to obtain any necessary tax or legal advice; and

I **authorize** Empire Life to carry out the above-mentioned transaction in keeping with the rights, terms and conditions of the policy(ies)/contract(s).

If the Owner is a corporation or other entity, the person(s) signing must provide their name and title and proof of authority to bind the corporation/entity.

Signature of Owner 1 (or authorized signature for corporate Owner)

X

First name of Owner 1

Last name (and title, if signing for a corporation)

Signature of Owner 2 (for corporate Owner or joint Owner) OR **Only one signing authority to bind corporation/entity**

X

First name of Owner 2

Last name (and title, if signing for a corporation)

Signature of Life Insured 1/Annuitant (or legal guardian if a minor) – **Required in Quebec only, if there is no insurable interest.**

X

Signature of Life Insured 2 (or legal guardian if a minor) – **Required in Quebec only, if there is no insurable interest.**

X

Signature of Irrevocable Beneficiary - I consent to this change and relinquish any rights I have as beneficiary.

X

Signature of Assignee - I consent to this change and acknowledge it may affect the benefits under the policy.

X

2.0 Purpose of Insurance (new Owner)

For life and critical illness policies – what is the purpose of this insurance? (select all that apply)

- Personal needs (such as income replacement, estate preservation, mortgage loan, final expenses, children’s coverage, etc.)
 Personal loan (other than mortgage on primary residence) Key person Business loan collateral
 Buy-sell agreement Other _____

For investment contracts – what is the purpose of this insurance? (select all that apply)

- Emergency fund Estate planning Retirement savings Short term savings Long term investment
 Operating funds Real estate purchase Education Other _____

4.0 Was any consideration (money) paid by the new Owner(s) for this transfer?

no yes – amount \$ _____

5.0 Determination of Third Party Interests (Must be completed by advisor)

A "third party" is a person or entity (other than the Life Insured/Annuitant or Owner) who instructs the Owner to take actions on the policy, or for participating life insurance plans, is paying the premiums.

If the third party is a legal entity, attach a copy of the charter document and signing authority.

Is the Owner acting on behalf of a third party? yes no

You must answer 'Yes' or 'No' for all plans. If yes, complete the entire section.

First name 	Last name or legal name or corporation/entity 	
Date of birth d d - m m m - y y y y	Address (number, street) 	
City 	Province 	Postal code
Name of employer 		
Job title(s) 		
Occupation 		
Type of business 		
Relationship to Owner 		
Jurisdiction of registration (i.e. country, province, territory) 	Incorporation number 	

6.0 Declaration, Consent and Authorization

I understand and agree that:

- I will notify Empire Life if there is a change in my tax residency status;
- Empire Life will maintain my personal information related to the above policy(ies)/contract(s) in a confidential file. Empire Life and its reinsurers and their employees, agents or representatives will use my personal information, on a continuing basis, to assess this form, appraise risk and assess any claim for benefits under the above policy(ies)/contract(s), administer the above policy(ies)/contract(s), answer any questions I may have about this transfer of ownership and the above policy(ies)/contract(s), provide me with information about the above policy(ies)/contract(s) and Empire Life products and services, and help Empire Life continually improve service and develop programs for its customers; and
- My file will be kept at the Head Office of Empire Life. Access to my file is restricted to Empire Life employees, agents, representatives and third party service providers as required to perform their duties. Empire Life may use third party service providers located inside or outside of Canada to process and store my personal information. Personal information that is processed or stored in another jurisdiction may be subject to the laws of that jurisdiction, which may allow disclosure to courts, law enforcement or other government authorities of that jurisdiction under certain circumstances. I am entitled to access my personal information, as permitted by law, and when applicable, to have it corrected. I may also ask Empire Life not to provide me with information about other Empire Life products and services by writing to Empire Life at its head office.

I consent to:

- Empire Life disclosing my personal information to its agents, contractors and reinsurers and their agents for the purpose of administering the above policy(ies)/contract(s), and/or assessing a claim for benefits under the above policy(ies)/contract(s).
- If I withdraw this consent, Empire Life will be unable to continue to administer the above policy(ies)/contract(s) and may therefore cancel the above policy(ies)/contract(s) at its sole discretion. If this occurs, no benefit will be payable, and neither I nor my estate will be able to exercise any rights under the above policy(ies)/contract(s).
- If I die, I authorize any contingent Owner, beneficiary, heirs and the personal representative and/or liquidator of my estate to provide Empire Life, its reinsurers and their agents with all of the information and authorizations necessary for assessing a claim under the above policy(ies)/contract(s). I also authorize Empire Life to communicate the reasons for any claim decision to the beneficiary entitled to proceeds under the above policy(ies)/contract(s).

I authorize:

- Empire Life to collect from and/or disclose information to my advisor(s) (and agency) on an ongoing basis in order to provide me with ongoing service and advice related to the above noted policy(ies)/contract(s). I understand I can change my advisor or withdraw this authorization by writing to Empire Life.

A photocopy or scanned image of the signed Declaration, Consent and Authorization will be as valid as the original.

By signing below, I confirm that I have read, understood and agree to the statements in the Declaration, Authorization and consent to the use of my personal information as described. Future correspondence will be in the language of this form.

NEW OWNER(S) If the new owner is a corporation or other entity, the person(s) signing must provide their name and title **and proof of authority to bind the corporation/entity.**

Signature of NEW Owner 1 (or authorized signature for corporate Owner)

X

First name of NEW Owner

Last name (and title, if signing for corporation/entity)

Signature of NEW Owner 2 (for corporate Owner or joint Owner) **OR** **Only one signing authority to bind corporation/entity**

X

First name of 2nd NEW Owner

Last name (and title, if signing for corporation/entity)

I have witnessed all signatures or, for "non face-to-face" meetings, I confirm that to the best of my knowledge and belief, each individual who signed this form is the party indicated on the form. I have determined third party interests and, for a non-registered investment contract or a life insurance policy with cash values, I have verified the identity of the new Owner(s) and checked for any indication the Owner(s) may be a U.S. Person or tax resident of a country outside of Canada or the U.S.

Signature of advisor

X

Advisor first name

Last name

Signed at (city and province)

Date

d d - m m m - y y y y