

NOTICE OF MOVABLE HYPOTHEC WITHOUT DELIVERY (QUEBEC)

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

Policy/contract number(s)			
First name of Life/Person Insured/Annuitant		Last name	
First name of Owner		Last name	
I hereby give notice that, for value received, I have hypothecated all my rights in the policy(ies)/contract(s) identified above to the hypothecary creditor named below:			
Name of hypothecary creditor		Telephone number	
Address (number, street)		City	Province Postal code
Relationship to Owner			

Declaration and Authorization

I, the Owner, understand and agree that:

- I have hypothecated all my rights in the policy(ies)/contract(s) noted above.

We, the Owner and hypothecary creditor (the "creditor"), understand and agree that:

- This form does not create or validate a movable hypothec. The sole purpose of this form is to notify Empire Life as indicated above in conformity with section 2461 of the Civil Code of Quebec. Empire Life receives this form to record it on its files and for no other purpose. Empire Life makes no representations or warranties regarding the validity of any movable hypothec. It is the responsibility of the owner and/or creditor to obtain legal advice and to ensure that all legal requirements have been met.
- Empire Life has no responsibility to notify the creditor that a policy premium is due or that the policy could or has lapsed for non payment of premiums.

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

Signature of Owner (or first authorized signature for a corporate owner)

X

First name	Last name	Title if signing for a corporation
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Signature of Owner 2 (for corporate or joint Owner) **OR** ☐ **Only one signing authority to bind corporation/entity**

X

First name	Last name	Title if signing for a corporation
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Signature of irrevocable/preferred beneficiary(ies) (if applicable) **I/we hereby give my consent to this movable hypothec.**

X

Signed at (city and province)	Date
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Signature of hypothecary creditor	Name of hypothecary creditor
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Signature of witness	First name of witness	Last name
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Signed at (city and province)	Date
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