CHANGE OF NAME FOR CANOE EL PROTECTION PORTFOLIOS CONTRACTS

Throughout this form, "Empire Life" and "we" means The Empire Life Insurance Company and "owner" means the person who owns the contract.

Use this form to request we amend our records to reflect a change in the name of an existing owner, annuitant, successor owner or subrogated policyholder (in Quebec) or beneficiary.

Empire Life will apply this name change to all Canoe EL Protection Portfolios contracts, where the person whose name has changed is an owner or annuitant, or both.

Any corrections to the form must be initialed.

Reset Form

List all contract number(s) to which this change applies

Name change applies to:

○ owner ○ annuitant ○ beneficiary ○ successor owner or subrogated policyholder (in Quebec)

Name change details (Please print clearly, using upper and lower case letters where applicable – e.g. MacDonnell)

Change from: ○ Mr. ○ Mrs. ○ Miss ○ Ms.

Name

Contact number ○ home ○ cell

– –

To: ○ Mr. ○ Mrs. ○ Miss ○ Ms.

Name

Address (number, street) | City | Province | Postal code

Reason for change	Documentation required
○ Marriage	Marriage certificate or drivers licence
○ Returning to maiden name	Birth certificate or drivers licence
○ Legal Changes	Supporting government documentation*
○ Incorrectly shown on records	Birth certificate or supporting government documentation
○ Adoption	Adoption order or new birth certificate

*If a company name has changed, submit an Amendment to the Articles of Incorporation for Ontario and Quebec, or Supplementary Letters Patent for all other provinces.

Note: Health card is not an acceptable form of identification.

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Signatures

Empire Life expresses no opinion on the validity of the requested name change.

By signing below I confirm that Empire Life is not responsible for the effect of this name change and if I have changed the name of the annuitant, they have been advised and they agree to the change.

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

X

First name	Last name

Title if signing for a corporation

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

Signed at (city and province)	Date
	d d - m m m - y y y y

RESERVED FOR HEAD OFFICE USE

Recorded only in the files of Empire Life. Empire Life expresses no opinion on the validity of the requested change.

Signature _____ Date (dd/mmm/yyyy) _____

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