WPF Investment

POLICY OWNER CHANGE

***** IMPORTANT INFORMATION AT THE BOTTOM OF THIS FORM – PLEASE READ CAREFULLY*****

POLICY DESCRIPTION

Policy Nº: Life Insured:

PART 1 - CURRENT POLICY OWNER CONSENT TO RELINQUISH

****We want to inform you that the ownership transfer may result in a taxable gain.****

Name: _____

Relationship with the insured: _____ Relationship with the new policy owner: _____

Address: _____ Telephone: (_____) _____-_____

Date of Birth: _____/_____/_____ Gender: _____ Social Insurance Number: _____/_____/_____

From an income tax perspective, are you a citizen, a resident or a company incorporated outside of Canada (ex.: United States, etc.) ?

☐ Yes ☐ No If yes TIN : _____

In case the current owner is a company, please indicate your Business Number and the Québec Enterprise Number (NEQ):

Business Number: _____ Québec Enterprise Number: _____

Was there a consideration (an amount of money) paid by the new policy owner for this policy owner change?

☐ Yes ☐ No If yes Amount : _____

As the current owner of the above-mentioned policy, I agree to relinquish all rights, titles and privileges connected to this policy issued by UL Mutual.

Signed in _____ this _____ day of _____ 20 _____

X _____ **X** _____

WITNESS SIGNATURE (OTHER THAN BENEFICIARY) RELINQUISHED POLICY OWNER SIGNATURE

PHONE NUMBER_____

PART 2 - CONSENT OF THE NEW POLICY OWNER

Name: _____ Relationship with the insured: _____

Address: _____ Telephone: (_____) _____-_____

Date of Birth: _____/_____/_____ Gender: _____ Social Insurance Number: _____/_____/_____

From an income tax perspective, are you a citizen, a resident or a company incorporated outside of Canada (ex.: United States, etc.) ?

☐ Yes ☐ No If yes TIN : _____

In case the new owner is a company, please indicate your Business Number and the Québec Enterprise Number (NEQ):

Business Number: _____ Québec Enterprise Number: _____

I, undersigned, hereby certify that I was informed of all rights, titles and privileges concerning the insurance policy issued by UL Mutual mentioned above, and agree to become its owner.

Signed in _____ this _____ day of _____ 20 _____

X _____ **X** _____

WITNESS SIGNATURE (OTHER THAN BENEFICIARY) NEW POLICY OWNER SIGNATURE

PHONE NUMBER _____

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PART 3 - SIGNATURE OF ALL IRREVOCABLE BENEFICIARY(IES) (if the beneficiary is irrevocable, his/her signature is required)

I hereby consent to this change of ownership and renounce my rights in the above-mentioned contract.

_____/_____/_____ X_____ X_____
DATE WITNESS SIGNATURE BENEFICIARY(IES) REVOKED

PHONE NUMBER _____

X _____
BENEFICIARY(IES) REVOKED

If the revoked beneficiary(ies) is(are) deceased and was(were) irrevocable, the death certificate(s) is(are) needed.

PART 4 - CONSENT OF THE ASSIGNEE(S) (only if the contract is mortgaged or assigned)

NAME OF ASSIGNEE (IN BLOCK LETTERS) : _____

NAME AND TITLE OF AUTHORIZED SIGNATORY : _____

I, undersigned, agree to the requested change, subject to my rights, as assignee, on the above-mentioned contract.

_____/_____/_____ X_____ X_____
DATE WITNESS SIGNATURE ASSIGNEE / AUTHORIZED SIGNATORY

PHONE NUMBER _____

FOR COMPANY USE ONLY

This policy owner change request has been received by UL Mutual. However, UL Mutual does not assume any responsibility as to its validity.

This _____day of _____ 20_____ Registered by _____

** IMPORTANT INFORMATION **

- If the owner is a company, this document must be signed by its legal representatives and its seal affixed. Please join to this document a copy of the Board's resolution authorizing this change of owner and indicating the authorized signatories.

- By changing the owner of this policy, you automatically revoke any prior revocable beneficiary designation. The new owner will have to fill out the beneficiary change form in order for the modification to be effective. Please note that for this form to be accepted, a beneficiary form must always be attached to it.

- If the policy owner change concerns a universal life policy or a non-registered retirement savings plan, the policyholder identity verification form needs to be attached.

- You can also fill out the contingent owner designation form to designate during your lifetime, who will be the new owner of the insurance policy after your death. This designation may have some tax benefits. Please refer to your financial advisor, your accountant or tax professional for more information.

- The change of owner constitutes a disposal for income tax purposes. The calculation of the taxable portion of the disposal depends, in part, on the relationship between the current owner and the new owner. To better understand the implications of this change, please refer to your financial advisor, your accountant or tax professional.