



Request for Change of Servicing Representative

Policyholder Request to Change Policy Servicing Representative

This section is to be authorized by the Policyholder/Owner and submitted to the New Representative.

I, _____ request that David E. Kakon
Policyholder (Owner) New Representative

replace my current servicing representative for the following policies with *ivari*.

Policies: _____

If policy number unknown:

Policy Owner's date of birth: _____ Policy Owner's SIN (Optional): _____
(DD/MM/YYYY)

By signing this form, you authorize *ivari* to change information on your policy as indicated in the previous sections.

I/We have read and fully understood the contents of the **NOTICE OF DISCLOSURES** below and acknowledge and consent to the collection, use and disclosure of my/our personal information by *ivari* and its affiliates for the purposes identified therein.

X

Policyholder's (Owner) Signature Date (DD/MM/YYYY)

Policyholder's (Owner) Signature Date (DD/MM/YYYY)

Representative Authorization

This section is to be completed by the New Representative and submitted to the Distributor Office or Dealer and forwarded to *ivari's* Head Office. Investment Product business will be transferred for both servicing, future commissions and overrides effective the date this request is received at Head Office.

David E. Kakon
New Representative Name (please print) New Representative/Advisor Code


New Representative Signature New Distributor Office/Dealer Code