Print Reset

AGENT OF RECORD/SERVICING AGENT CHANGE FORM

PLEASE RETURN FORM TO:
ATTN: Agency Department, The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8
EMAIL: licensing@wawanesa.com TOLL FREE: 1-888-997-9965 FAX 1-888-985-3872 WEBSITE: wawanesalife.com

IMPORTANT INSTRUCTIONS:

You and *your* refers to the policy owner identified below.

Agent of Record or *Servicing Agent* all identify the advisor who services the policy.

Complete this form to change the advisor who provides service for individual life insurance or investments.

POLICY OWNER INFORMATION

Name of Policy Owner
For corporate-owned policies: Full legal name (including Company, Limited, Inc., etc.)

Name of Joint Policy Owner*
* For jointly owned policies, **all** policy owners must sign

CLIENT'S POLICY NUMBER(S)

Policy Number | Policy Number

Policy Number | Policy Number

NEW AGENT OF RECORD/SERVICING AGENT INFORMATION

By signing below, you:

- appoint the identified advisor to be the Agent of Record (AOR) and/or Servicing Agent (SA) for your insurance policy
- understand that the advisor has access to information about you and your policy

Name of New Advisor ☐ AOR ☐ SA

Broker Number | Telephone No.

Email Address

CONSENT & DISCLOSURE REGARDING PERSONAL INFORMATION

I consent to Wawanesa Life collecting, using and disclosing my personal information for the purposes of: receiving payments on account of insurance premiums, investment contributions, policy loan repayments and mortgage payments; depositing funds into my account; establishing and maintaining communications with me; detecting and preventing fraud; compiling statistics and acting as required or authorized by law.

I understand that Wawanesa Life may share my personal information with the following people, organizations and service providers: Wawanesa Life employees and agents who require this information to perform their jobs; providers of information processing and storage, programming, printing, mailing and distribution services; people to whom I have granted access; and people who are legally authorized to view my personal information. These people, organizations and service providers may be in other provinces or in jurisdictions outside Canada. My information may be shared as required by the laws of those jurisdictions.

You can obtain further information about Wawanesa Life's Personal Information Protection Policy and practices concerning service providers outside Canada from the Wawanesa Life Executive Office at 400-200 Main Street, Winnipeg, MB R3C 1A8 or at www.wawanesalife.com.

If you have a question (including a question concerning our collection of personal information, or the collection, use, disclosure or storage of personal information by service providers outside Canada on our behalf) or complaint regarding our privacy policies or procedures, please contact the individual accountable for our personal information protection compliance: Privacy Officer, The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, Manitoba R3C 1A8.

SIGNATURES

I confirm that I have read, understood and accepted the terms and conditions contained in the Consent & Disclosure Regarding Personal Information. A photocopy or an electronic reproduction of this document will be as valid as the original.

Signature of Policy Owner | Date

Signature of Joint Policy Owner | Date

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