



COLLATERAL ASSIGNMENT OF POLICY

POLICY NUMBER(S)

NAME OF LIFE INSURED(S) or ANNUITANT(S)

NAME OF POLICY OWNER(S)

ASSIGNEE INFORMATION
Assign to _____
Address of Assignee _____

CONSENT & DISCLOSURE REGARDING PERSONAL INFORMATION
<p>I consent to Wawanesa Life collecting, using and disclosing my personal information for the purposes of: establishing and maintaining communications with me; investigating and paying claims; detecting and preventing fraud; offering and providing products and services to meet my needs; compiling statistics and acting as required or authorized by law.</p> <p>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.</p> <p>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.</p> <p>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.</p>

SIGNATURES								
<p>For valuable consideration received, each of the undersigned assigns the value of his or her contract issued by The Wawanesa Life Insurance Company to the above-mentioned assignee as their interest may appear.</p> <p>I confirm that I have read, understood and accepted the terms and conditions contained in the Consent & Disclosure Regarding Personal Information.</p> <p>A photocopy or an electronic reproduction of this document will be as valid as the original.</p>								
<table border="0"> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Date</td> <td>Signature of Policy Owner</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Signature of Irrevocable Beneficiary (if applicable)</td> <td>Signature of 2nd Policy Owner (if applicable)</td> </tr> </table>	_____	_____	Date	Signature of Policy Owner	_____	_____	Signature of Irrevocable Beneficiary (if applicable)	Signature of 2 nd Policy Owner (if applicable)
_____	_____							
Date	Signature of Policy Owner							
_____	_____							
Signature of Irrevocable Beneficiary (if applicable)	Signature of 2 nd Policy Owner (if applicable)							

FOR EXECUTIVE OFFICE USE ONLY

- NOTE:**
- (a) This form is **NOT** a transfer of ownership and is to be used when the policy is assigned for value only.
 - (b) Once executed, this Assignment cannot be revoked without the written consent of the assignee or, in the event of the assignee's death, by the executor or administrator of the assignee's estate.
 - (c) In the event of a claim, the proceeds will be paid by the Company by a cheque drawn to the joint order of the assignee and beneficiary. If evidence furnished to the company is satisfactory that the assignee is to be the sole payee, the proceeds may be payable to the assignee alone.
 - (d) The Company expresses no opinion as to the suitability of this form for the purposes for which it may be used and assumes no responsibility for the validity of any assignment.

Should you have any questions or need assistance, please contact our Customer Service Department:
 PHONE 1-800-263-6785 FAX 1-888-985-3872 EMAIL lifecustserv@wawanesa.com

PLEASE RETURN FORMS TO: The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg MB R3C 1A8

An endorsed copy of this form will be returned to you once we have recorded the loan.