



DESIGNATION OF CONTINGENT POLICY OWNER

This form is to be completed if the Policy Owner is NOT the Life Insured or Annuitant or if the policy provides for a Second Insured or Child Protection Rider.

POLICY NUMBER	NAME OF LIFE INSURED or ANNUITANT

NAME OF POLICY OWNER(S)

NAME OF CONTINGENT POLICY OWNER	RELATIONSHIP TO LIFE INSURED OR ANNUITANT

Subject to the terms of the contract, the Policy Owner hereby requests that, in the event of the death of the Policy Owner prior to the termination of the contract, all rights and interests formerly held by the Policy Owner in this contract shall belong to the above mentioned contingent policy owner. Any previous designation of a contingent policy owner is hereby revoked.

CONSENT & DISCLOSURE REGARDING PERSONAL INFORMATION

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.

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 Head 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.	
_____	_____
Date	Signature of Policy Owner(s)
_____	_____
	Signature of Irrevocable Beneficiary if applicable

FOR HEAD OFFICE USE ONLY

PLEASE RETURN FORM 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 change.

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