



CHANGE OF NAME

POLICY NUMBER(S) AFFECTED BY THIS CHANGE

I/We request that The Wawanesa Life Insurance Company adjust its records so that the name of the following is changed:

FROM (Name according to present records)

TO (Name to which records should be changed)

REASON FOR CHANGE

REQUIRED DOCUMENTATION (Please provide applicable documentation)

For Individual name changes: Photocopy of Driver's License, Passport, Marriage Certificate, Divorce Certificate

For Corporate name changes: Legal Change of Business name form filed with the Government along with a letter on company letterhead showing all individuals with signing authority, signed by either the owner or president or CEO of the company and dated within the last 12 months.

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.

Please see Reverse

SIGNATURES – INDIVIDUAL NAME CHANGE

I confirm that I have read, understood and accept the terms and conditions contained in the Consent & Disclosure Regarding Personal Information and this Change of Name form.

A photocopy or an electronic reproduction of this document will be as valid as the original. I acknowledge I have had the opportunity to seek legal advice.

Date

Signature of Policyowner(s)

Signature of Irrevocable Beneficiary

SIGNATURES – CORPORATE NAME CHANGE

I confirm that I have read, understood and accept the terms and conditions contained in the Consent & Disclosure Regarding Personal Information and this Change of Name form.

A photocopy or an electronic reproduction of this document will be as valid as the original. I acknowledge I have had the opportunity to seek legal advice.

Date

Print name Policyowner - Corporation

Authorized Signature

Print Authorized Signature's Name & Title

**FOR EXECUTIVE OFFICE
USE ONLY**

PLEASE RETURN FORM TO: The Wawanesa Life Insurance Company, 400-200 Main St, 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