



MODIFICATION (NAME/ADDRESS)

- NAME REASON: Error on Insurance Application ⁽¹⁾
 Legal Adoption ⁽²⁾
 Legal Modification ⁽³⁾
 Other ⁽⁴⁾
- ADDRESS

Policy Number: _____ Life Insured: _____

Last Name: _____ First Name: _____

Address: _____
Nb Street App.

City

Province Postal code

Tel. (____) _____ home Tel. (____) _____ work Tel.(____) _____ cell

Email address _____

- (1) Join Birth Certificate
- (2) Join Legal Adoption Act
- (3) Join Name Change Certificate
- (4) Join documents and state reasons

X _____
WITNESS

X _____
SIGNATURE OF POLICY OWNER

DATE