

### POLICY CHANGE FORM

Date: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Insured: \_\_\_\_\_ Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City Province Postal Code

Telephone (Residence): \_\_\_\_\_ Telephone (Business): \_\_\_\_\_

*We want to serve you efficiently and quickly. Please complete the appropriate areas, sign, date, have your signature witnessed and return to us.*

**1. Request for Change of Beneficiary** (Give complete names as Jo Anne Jones not Mrs. John Jones.)  Revocable  
Change Primary Beneficiary to: (and indicate Date of Birth and relationship to insured.)  Irrevocable

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship to insured: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship to insured: \_\_\_\_\_

If more than one beneficiary is named, then in equal shares to the survivors, unless otherwise indicated.

If there is no survivor, then to the contingent beneficiary.

A beneficiary designation is Revocable unless designated Irrevocable (except in Quebec where a Designation in favour of Spouse is Irrevocable unless designated Revocable).

Trusts: (Include appropriate documents)

Change Contingent (Secondary) Beneficiary to:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship to insured: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship to insured: \_\_\_\_\_

If more than one contingent beneficiary is named, then in equal shares to the survivors, unless otherwise indicated.

**Signature of irrevocable beneficiary (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

### 2. Request for Change of Policy Owner

Change owner to: \_\_\_\_\_ Relationship to insured: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Province Postal Code

Signature of new owner: \_\_\_\_\_ Social Insurance No.: \_\_\_\_\_

**Signature of irrevocable beneficiary (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

The beneficiary designation will be changed to estate of the new owner unless the beneficiary change section above, is completed.

### 3. Change Name of Insured Owner Payor

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Print old name in full) (Print new name in full)

Reason for change: \_\_\_\_\_ New Signature: \_\_\_\_\_

Attach supporting documents (ie. Marriage Certificate)

### 4. Change Mode of Premium Payment to:

Annual  Semi-Annual  Pre-Authorized Monthly (Send sample cheque marked VOID.)

**Please note—This form must be signed by the person(s) indicated and returned to us.**

Insured/Owner: \_\_\_\_\_ Witness: \_\_\_\_\_  
Old Signature if Change Of Name Non Relative

Address (Insured/Owner): \_\_\_\_\_  
Street City Province Postal Code

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Agent's name: \_\_\_\_\_ Agent's Number: \_\_\_\_\_

**Registered at the Head Office of Penncorp Life Insurance Company. Penncorp Life Insurance Company assumes no responsibility for the validity or sufficiency of the designation/assignment.**

For Head Office  
Use Only

Recorded by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_