

**Important:** Fill out in block letters and answer each section as accurately as possible.

Conversion / Exchange of contract N° _____	New contract N° _____
Insured's First Name _____	Last Name _____

**Owner Change Consent**

**Contract owner 1**  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Contract owner 2**  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

I hereby assign all rights and obligations I own under the above-mentioned contract. I understand that, following the acceptance by UV Insurance of new application N° \_\_\_\_\_, the coverage of the insured on contract N° \_\_\_\_\_ will terminate. I also understand that this assignment has tax consequences and may, for example, increase my taxable income. By signing this form, I certify that I have read and understood the foregoing.

Signed in \_\_\_\_\_ [ Y | Y | Y | Y | M | M | D | D ]

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Signature of contract owner 1 Signature of contract owner 2

**Irrevocable Beneficiary(ies)' Consent**

**Beneficiary 1**  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Beneficiary 2**  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Beneficiary 3**  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Beneficiary 4**  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

I understand that, following the acceptance by UV Insurance of the new application N° \_\_\_\_\_, the coverage of the insured on contract N° \_\_\_\_\_ will terminate. I hereby consent to no longer be designated as irrevocable beneficiary. I understand that I will no longer have any right in this coverage. By signing this form, I certify that I have read and understood the foregoing.

Signed in \_\_\_\_\_ [ Y | Y | Y | Y | M | M | D | D ]

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Signature of irrevocable beneficiary\* 1 Signature of irrevocable beneficiary\* 2

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Signature of irrevocable beneficiary\* 3 Signature of irrevocable beneficiary\* 4

\* If the beneficiary designated on the contract is irrevocable, their signature is required. If the irrevocable beneficiary is deceased, attach proof of death.

Lender's Consent

Name of the lender \_\_\_\_\_

First Name of the authorized signatory \_\_\_\_\_ Last Name \_\_\_\_\_

Title of authorized signatory \_\_\_\_\_

I understand that, following the acceptance by UV Insurance of the new application N° \_\_\_\_\_, the contract N° \_\_\_\_\_ will terminate. I understand that my rights as a lender will then terminate. I hereby authorize UV Insurance to proceed as requested. By signing this form, I certify that I have read and understood the foregoing.

Signed in \_\_\_\_\_ 

Y	Y	Y	Y	M	M	D	D
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**X** \_\_\_\_\_  
Signature of lender