

Identification

The Creditor

First name of the Creditor

Last name of the Creditor

Name of the Creditor's Company

I, the undersigned, creditor of a movable hypothec registered on

Month / Day / Year

On policy number

For the amount of \$

issued

by Humania Assurance Inc.,

Month / Day / Year

On the life of Mr/Mrs

First name of the person insured

Last name of the person insured

Recognized that Mr/Mrs

First name of Policyowner

Last name of Policyowner

Is released its obligations to guarantee which the policy said had been removed and leaves me all my rights that may belong to me under that movable hypothec.

Signed at

This

Month / Day / Year

Witness

Name of
Creditor

Creditor

Occupation

Signature of
CreditorSignature of
Creditor

Humania Assurance Inc., expresses no opinion and assumes no responsibility for the cessed.

Humania Assurance Inc., 1555, Girouard Street West, Saint-Hyacinthe, Quebec J2S 2Z6

