

Part 1 - Policyowner

I, owner of policy number _____ issued on the life of _____
 by Humania Assurance, transfer all my rights, titles and interest in this policy to :

Last name:

First name:

Corporate name:

Date of birth: / /
month / day / year

Address:
(street no.) (apt.)

City:

Province: Postal code: Phone number:

Social insurance number:

Assignee Email Address: _____

Insurance Interest: _____

Part 2 - Signatures

Dated and signed at _____

This _____ day of _____ 20 _____

Signature of witness _____ Signature of owner _____

Signature of Irrevocable beneficiary _____

Signature of Irrevocable beneficiary _____

Humania Assurance Inc., acknowledges receipt of this assignment but does not assume any responsibility for its validity.

For the Head Office Registered at the Head Office of Humania Assurance.

Date registered _____ Registered by _____

