

**Identification**

Policy Number:

Insured:   
first name

last name

Owner(s):   
first name

last name

Owner(s):   
first name

last name

For value received, \$  ,  I(we), lessee policy number issued by Humania Assurance for the lives above, assign and transfer all my rights, title and interest in this policy in proportion to the interest of the Assignee, subject to the Terms, Provisions and Conditions of the Policy to:

Name:

First Name:

Date of Birth:  /  /   
month / day / year

Name of the Company:

**Address of the Transferee:**

Residential Address:   
number and street

City:

Province:  Postal Code:

Phone Number:    Social Insurance Number:

**Identification (...continued)**

Signed at _____	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		month	/	day	/	year	
Signature of Owner _____	Signature of Witness _____						
Signature of Owner _____	Signature of Witness _____						
Signature of the Irrevocable Beneficiary _____	Signature of Witness _____						
Signature of the Irrevocable Beneficiary _____	Signature of Witness _____						

**Important**

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 \_\_\_\_\_

day / month / year

Humania Assurance Inc., 1555 Girouard Street West, P.O. Box 10000, Saint-Hyacinthe, Quebec J2S 7C8