

**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 my rights, title and interest in this policy in proportion to the interest of the Creditor, 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 Creditor:**

 Residential Address:   
 number and street

 City: 

 Province:  Postal Code: 

 Phone Number: 


## Identification (...continued)

Signed at \_\_\_\_\_

Date

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.

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