

The insurer of this policy is Co-operators Life Insurance Company CUMIS Life Insurance Company

Co-operators Life Insurance Company and CUMIS Life Insurance Company are affiliated companies within the Co-operators Group of Companies. The Insurance Company that is underwriting and administering your policy is identified by the check boxes above.

CONTACT INFORMATION

Mail: Co-operators Life Insurance Company
CUMIS Life Insurance Company
Individual Life Client Service Centre
1920 College Avenue
Regina SK S4P 1C4

Email: PHS_Individual_Life@cooperators.ca

Phone: 1-800-454-8061 Fax: 1-866-222-4947

INSTRUCTIONS

Please print clearly and be sure all sections are complete to avoid delays in processing.

The completed form can be faxed to the number provided or the original can be mailed to the address provided.

Return To: Individual Life Client Service Centre

POLICY INFORMATION

Policy Number _____

Name of Policy Owner(s)

Name of Life Insured

Coverage being Assigned All Those indicated below:

The Owner(s) of the policy mentioned above requests that the benefits from the coverages identified above, shall be, in the event of a claim, assigned as Collateral Security/Moveable Hypothec for a financial obligation either present or future to the following Assignee:

Name of Assignee _____

Address of Assignee _____
Street City Province Postal Code

This Agreement is entered into for the purpose of effecting such Collateral Assignment/Moveable Hypothec and it is agreed as follows:

1. The Policy Owner assigns his rights and interest in this Policy to the Assignee so long as an obligation is outstanding to the Assignee, subject to the exception set out in paragraph 2 below.
2. While the right to designate and change the Beneficiary is excluded from this Agreement, any Beneficiary designation* or change of Beneficiary shall be subject to this Assignment and the rights of the Assignee as stipulated in this Agreement.
*In the province of Quebec, any interest of an Assignee is subject to the rights of an Irrevocable Beneficiary, unless the Irrevocable Beneficiary consents to this Collateral Assignment/Moveable Hypothec.
3. Until this Collateral Assignment/Moveable Hypothec is released by the Assignee, the Assignee has the sole right to collect the insurance proceeds, if any, payable by the Company upon the death, disability or critical illness of the Life Insured pursuant to any of the coverages identified above, to the extent of the obligation (subject to the qualification in paragraph 2 above). If any amount remains after such interest has been met, the balance shall be paid to the named Beneficiary, or in the case of critical illness coverage, to the Owner.
4. Any insurance on the Assignor is subject to the continued existence of the Policy.
5. The Policy Owner agrees that the signature of the Assignee shall be sufficient for the exercise of any rights set out in the Policy. The receipt of the Assignee for any of the sums received from the Insurer shall be a full discharge and release to the Insurer.
6. The Company is entitled to recognize the Assignee's claims hereunder without making further inquiry into the validity or amount of the liabilities or of the application to be made by the Assignee of any insurance proceeds to be paid to the Assignee. The signature of an officer or employee of the Assignee shall be sufficient for the exercise of any rights under the Policy assigned or to effect a release of this Collateral Assignment/Moveable Hypothec, and the receipt by the Assignee of any insurance proceeds payable shall be a full discharge and release thereof to the Company. The Company disclaims all liability resulting from any payment to the Assignee pursuant to this Collateral Assignment/Moveable Hypothec.
7. The undersigneds declare that no proceedings in bankruptcy are pending against them and that the property owned by them is not subject to any assignment for the benefit of creditors.
8. The Policy Owner and if applicable the beneficiary, guarantee the validity of this Collateral Assignment/Moveable Hypothec.
9. The Company shall have no obligation or duty whatsoever to notify the Assignee that any premium is due on the Policy or that the Policy has lapsed for non-payment of premium, and no act or conduct of the Insurer shall operate, be construed or serve to give rise to an obligation or duty to so notify the Assignee or act as a waiver of the provisions of this paragraph or create an estoppel against the Company from relying on this paragraph.
10. In the event of any conflict between the clauses and intent of this Collateral Assignment/Moveable Hypothec and the clauses of any note or other evidence of liability with respect to the Policy referred to in this Collateral Assignment/Moveable Hypothec, the clauses of this Collateral Assignment/Moveable Hypothec shall prevail.
11. If multiple assignees and the value exceeds the value of your policy, in the event of a claim, the proceeds of your policy will be paid to the assignees in the order that the assignments were received by the company and recorded in accordance with the applicable provincial insurance legislation.

Name of Policy Owner*

*If the policy is company-owned, the person(s) signing has the authority to bind the company.

Signature of Policy Owner

Name of Witness

Signature of Witness

POLICY INFORMATION (CONTINUED)

Name of Beneficiary**
**If preferred or irrevocable

Signature of Beneficiary

Name of Witness

Signature of Witness

Date _____
MMM/DD/YYYY

PRIVACY STATEMENT

**Privacy Statement
Co-operators Life Insurance Company
CUMIS Life Insurance Company**

Co-operators Life Insurance Company and CUMIS Life Insurance Company are committed to protecting the privacy, confidentiality, accuracy and security of the personal information it collects, uses, retains and discloses in the course of conducting business.

At each of the companies listed above, we recognize and respect the importance of privacy. When you enrol for insurance coverage or submit a claim, we establish a confidential file and collect, use and disclose your personal information for the purposes of issuing, administering, adjudicating and/or servicing your insurance. You may access and correct, if needed, the personal information in your file by sending us a request in writing.

We limit access to your personal information to our staff and other persons we have authorized who have a need to know it to perform their duties. Our systems and procedures are designed to prevent the loss, misuse, unauthorized access, disclosure, alteration, or destruction of your information. Our commitment to security extends to the contracts and agreements we sign with external suppliers and service providers. We may store or process your personal information in Canada, the United States or other countries for processing, storage, analysis or disaster recovery and, under applicable law, governments, courts, law enforcement or regulatory agencies, may, by lawful order, obtain disclosure of your personal information. You can find more details about Co-operators Life Insurance and CUMIS Life Insurance Company's privacy policy at www.cooperators.ca. If you have any questions regarding our privacy policies or about the collection, use and disclosure of your personal information, please contact the Privacy Office at 130 MacDonell Street, Guelph, ON, N1H 6P8, Tel: 1-888-887-7773, E-mail: privacy@cooperators.ca (please include whether you deal with Co-operators Life Insurance Company or CUMIS Life Insurance Company in your inquiry).

If you do not agree with our use and disclosure of your information in connection with your application and servicing any policy that we issue, we will not be able to offer you the insurance product you are interested in, service your insurance or adjudicate your claim.

FOR OFFICE USE ONLY

This document has been recorded by The Co-operators Life Insurance Company and/or the CUMIS Life Insurance Company.

Name of Client Service Representative

Signature of Client Service Representative

Date _____
MMM/DD/YYYY