

|  |           |   |                         |
|--|-----------|---|-------------------------|
| Policy Number(s)   |           | Name of Policyholder/Planholder/Owner   |                         |
| Name of Insured/Annuitant  |           |   |                         |
| Insurance Representative Name  |           | Code (if applicable)  |                         |
| The undersigned request and authorize The Standard Life Assurance Company of Canada to alter the above Policy(s) as follows:   |           |   |                         |
| <b>1. Transfer of Ownership</b>  |           |   |                         |
| Transfer all ownership rights to: (This transfer of ownership terminates the existing beneficiary and contingent owner designation. It may also result in a taxable gain to the present owner.) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss  |           |   |                         |
| Relationship with previous owner   |           |   |                         |
| First Name (Company Name)  |           | Middle Name   | Last Name               |
| Relationship to Insured/Annuitant (Mandatory)  |           | Date of birth (YYYY/MM/DD)  | Social Insurance Number |
| Occupation or nature of principle business   |           | Type of Resident  |                         |
| Reason for change  |           |   |                         |
| Present Address  |           |   |                         |
| Number & Street  |           |   | Unit/Apt. #             |
| Phone Number   | City      | Province  | Postal Code             |
| Signature of Insured/Annuitant (if different from Present Owner):  |           |   |                         |
| <b>2. Ownership Details - to be completed when the New Policyholder/Planholder/Owner (&amp; Additional Policyholder/Joint Planholder/Multiple Owners, if applicable) is a Corporation or an Entity.</b>  |           |   |                         |
| Please provide the name and occupation of all Directors of the corporation.  |           |   |                         |
| Name   |           | Occupation  |                         |
|  |           |   |                         |
| Please provide the name, address and occupation of all individuals who directly or indirectly own or control 25% or more of the shares of the corporation or control 25% of the entity other than a corporation (such as: Trust, Association, Union).  |           |   |                         |
| Name   | Address   | Occupation  | % Share                 |
|  |           |   |                         |
|  |           |   |                         |
| <b>The Designated Owner is:</b> For multiple owners and Business/Non Business Organization you must assign one person to deal with Standard Life. If all owners predecease the life insured, the life insured will become the owner.   |           |   |                         |
| <input type="checkbox"/> Corporate Ownership - If there are changes to/from a corporation as a Policyholder, the person(s) signing on behalf of the company must be an authorized signing officer as indicated in one of the following required forms (must submit one): a certificate of resolution (certified true extract) OR a certified copy of the By-laws of the Company. |           |   |                         |
| <b>3. Not-For-Profit Organization – to be completed when the New Policyholder/Planholder/Owner (&amp; Additional Policyholder/Joint Planholder/Multiple Owners, if applicable) is a charitable organization.</b>   |           |   |                         |
| Please provide the following information:  |           |   |                         |
| Income Tax Registration Number:  |           |   |                         |
| If your charity organization is not registered for income tax purposes, please respond to the following question:<br>Does your organization solicit charitable financial donations from the public? <span style="float:right">Yes <input type="checkbox"/> No <input type="checkbox"/></span>  |           |   |                         |
| <b>4-A. Appointment of Beneficiary</b>   |           |   |                         |
| We do not recommend a minor be named as primary or contingent beneficiary unless a Trustee is also appointed in Section 7. If there is more than one beneficiary, the proceeds of the policy will be paid equally to the surviving beneficiary(ies) unless otherwise stated below.   |           |   |                         |
| <b>A - Savings Products, Annuity Contracts, Life Insurance, Critical Illness &amp; RRIF:</b>   |           |   |                         |
| First Name   | Last Name | Age   | Relationship to owner   |
|  |           |   |                         |
|  |           | <input type="checkbox"/> Primary Beneficiary<br><input type="checkbox"/> Contingent Beneficiary |                         |
|  |           | <input type="checkbox"/> Primary Beneficiary<br><input type="checkbox"/> Contingent Beneficiary |                         |
| <b>Note: Instalments under a Registered Annuity can only continue to be made to a Spouse</b>   |           |   |                         |
| In Quebec, the designation of a spouse as beneficiary is irrevocable.  |           |   |                         |
| If you wish the designation of your spouse to be revocable, you must put your initials in this box. <input style="width:50px; height:20px;" type="text"/>  |           |   |                         |

**4-B. Appointment of Beneficiary****B - Life Income Fund (LIF) Policies**

Any amount becoming due on or after the annuitant's death shall be paid to the annuitant's spouse, if there is one at the time of death, otherwise to:  annuitant's estate OR  other (specify):

| First Name | Last Name | Age | Relationship to owner | <input type="checkbox"/> Primary Beneficiary<br><input type="checkbox"/> Contingent Beneficiary | Share % |
|------------|-----------|-----|-----------------------|---|---------|
|            |           |     |                       | <input type="checkbox"/> Primary Beneficiary<br><input type="checkbox"/> Contingent Beneficiary |         |

In Quebec, the designation of a spouse as beneficiary is irrevocable.

If you wish the designation of your spouse to be revocable, you must put your initials in this box.

**5. Contingent Owner (not applicable if owner is life insured, a business, a corporation, or trustee)**

In cases of joint ownership, on death of an owner, all rights under the policy will belong to the surviving owner(s). Should no owner(s) or contingent owner(s) survive, annuitant will become the owner unless otherwise stated in the policy. Appoint as contingent owner:

| First Name            | Middle Name | Last Name                 |
|-----------------------|-------------|---------------------------|
| Relationship to Owner |             | Occupation                |
|                       |             | Date of birth(YYYY/MM/DD) |

**6. Successor Annuitant (For RIFs and non-registered savings plans only.)**

The individual named below will become the Successor Annuitant under the policy and, if applicable, replace any existing Successor Annuitant.

| First Name                 | Last Name   |
|----------------------------|---|
| Date of birth (YYYY/MM/DD) | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
|                            | Tel. (res.)   |
|                            | Tel. (bus.)   |

If an irrevocable Beneficiary has been named in the policy, their consent is required prior to adding or changing a Successor Annuitant. For a RIF, you can only designate your spouse as Successor Annuitant.

**7. Appointment of Trustee**

In the event any beneficiary is a minor when policy proceeds are payable, appoint as Trustee:

| First Name | Middle Name | Last Name | Relationship to Owner | % Share |
|------------|-------------|-----------|-----------------------|---------|
|            |             |           |                       |         |

**8. Collateral Assignment (Not to be used by banks, trust companies, etc.)**

Assign the policy for collateral purposes to: (This assignment does not terminate the existing beneficiary designation. The assignee shall be included as a joint payee on the payment of any policy proceeds).

| First Name | Middle Name | Last Name | Relationship to Owner | % Share | Date of birth(YYYY/MM/DD)<br>(if Under 18) |
|------------|-------------|-----------|-----------------------|---------|--|
|            |             |           |                       |         |  |

**Present Residence Address**

| Unit/Apt.# | Number & Street | City | Province | Postal Code |
|------------|-----------------|------|----------|-------------|
|            |                 |      |          |             |

**9. Release of Assignment**

I/We \_\_\_\_\_ hereby release the assignment of the above policy made on \_\_\_\_\_ and relinquish all rights, titles and interest which was acquired by this assignment.

**10. Change/Correct Name of:**

- Owner                       Contingent Owner                       Primary Beneficiary                       Contingent Beneficiary  
 Life Insured                       Successor Annuitant

To:

Reason:  marriage                       correcting error (explain)                       other (explain)

(Attach a copy of one of the documents listed below to support the change or correction. This document must be valid and not expired.)

- Driver's license                       Certificate of Canadian Citizenship                       Passport  
 Provincial Medical Card (except if issued in Ontario, Manitoba, PEI, Quebec)                       Marriage certificate

|  |              |
|--|--------------|
| I/We agree to the above changes. Signed this _____ day of _____ 20 _____                     |              |
| Present Owner  | New Owner(s) |
| Assignee or Present Beneficiary (beneficiary signature required if irrevocable or preferred) |              |

This form is provided for the convenience of our clients and implies no opinion or admission on the part of the Standard Life Assurance Company of Canada as to the validity or legal effect thereof.