



# Contact Information Change

P.O. Box 4241, Station A  
Toronto, ON M5W 5R3  
Telephone: 1-800-846-5970

Please indicate policy/account number or advisor code: \_\_\_\_\_

## 1 Advisor/Owner 1 information

Last name/Corporate name*		First name	Date of birth (DD/MM/YYYY)
Home phone	Mobile phone		Business phone
Email address			

### CURRENT MAILING ADDRESS *(if you provide a P.O. Box or General Delivery address, you must provide your residential address below)*

Address			Apt./suite #
City	Province/territory/state	Country	Postal/zip code

### RESIDENTIAL ADDRESS *(if different from mailing address, please provide the address to the physical location of where you live or your main place of business)*

Address			Apt./suite #
City	Province/territory/state	Country	Postal/zip code

### PREVIOUS MAILING ADDRESS

Address			Apt./suite #
City	Province/territory/state	Country	Postal/zip code

## 2 Owner 2 information

Last name/Corporate name*		First name	Date of birth (DD/MM/YYYY)
Home phone	Mobile phone		Business phone
Email address			

### CURRENT MAILING ADDRESS *(if you provide a P.O. Box or General Delivery address, you must provide your residential address below)*

Address			Apt./suite #
City	Province/territory/state	Country	Postal/zip code

### RESIDENTIAL ADDRESS *(if different from mailing address, please provide the address to the physical location of where you live or your main place of business)*

Address			Apt./suite #
City	Province/territory/state	Country	Postal/zip code

### PREVIOUS MAILING ADDRESS

Address			Apt./suite #
City	Province/territory/state	Country	Postal/zip code

\* If the Advisor/Owner is a corporation, the signature(s), name(s) and title(s) of the authorized signing officer(s) thereof are required, together with the full legal name of the corporation.

**3 Authorization** **NOTE: REQUEST CANNOT BE PROCESSED WITHOUT THE REQUIRED SIGNATURE(S).**

**Advisor/Owner 1**

Date (DD/MM/YYYY)	Signed at (City)	Province/territory/state
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Name \_\_\_\_\_

Job title (If corporate owned) \_\_\_\_\_

Signature of Advisor/Owner 1 \_\_\_\_\_

**Owner 2**

Date (DD/MM/YYYY)	Signed at (City)	Province/territory/state
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Name \_\_\_\_\_

Job title (If corporate owned) \_\_\_\_\_

Signature of Owner 2 \_\_\_\_\_

**4 Options Regarding Your Personal Information**

**Promotional communications about ivari products and services you may be eligible (for Owners only)**

ivari may communicate with you about other ivari products and services that you may be eligible for, using email, text or other electronic means. ivari may retain third-party marketers for the purpose of sending you these promotional communications. If you opt-in to receive these promotional communications, we will disclose only your name, contact information, and current insurance coverage. We will not disclose date of birth or health or financial information.


**Owner 1:** Yes No    **Owner 2:** Yes No

You may withdraw your consent to this use of your personal information anytime without affecting your ivari policy.

**Please read ivari's Privacy Policy at [ivari.ca](http://ivari.ca) to understand how ivari handles your personal information. We may update this Privacy Policy from time to time.**



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 **The fastest and easiest way to send us your completed and signed forms is through our online tool, *Send documents* on [ivari.ca](http://ivari.ca). By using this tool, forms are sent instantly and securely.**

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