

Funeral Home Transfer Form

This form can only be used for one transfer and must be completed by the current and new Funeral Home. All the terms and conditions of the original enrollment including the growth rate continue to apply.

Section A - Policy Information

Certificate Number:	Issue Date (DD/MMM/YYYY)
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Section B - Information about the Annuitant

Name of Annuitant		Date of Birth (DD/MMM/YYYY)	
Address (Street, Apt., R.R.)		City	Province
		Postal Code	
Phone No.	Email Address		
Name of Purchaser (If different from the Annuitant)			

Section C - Information about the current Funeral Home

Funeral Home Name			
Address (Street, Apt., R.R.)		City	Province
		Postal Code	
Phone No.	Fax No.	Email Address	

Section D - Information about the new Funeral Home

Funeral Home Name			
Address (Street, Apt., R.R.)		City	Province
		Postal Code	
Phone No.	Fax No.	Email Address	

Section E - Signatures

Province Signed	Date (DD/MMM/YYYY)	Signature	Print Name
		Current authorized Funeral Home X	
		New authorized Funeral Home X	
		Annuitant X	
		Purchaser (If different from the Annuitant) X	