

FUNERAL HOME TRANSFER FORM

Use this form to transfer funeral homes. This form must be completed by the current funeral homes and the new funeral homes.
 This form can only be used for one transfer.

Certificate Number	Issue Date (dd/mmm/yyyy)
--------------------	--------------------------

Annuitant Information

Name of Annuitant:		
Date of Birth (dd/mmm/yyyy)	SIN #	
Name of Purchaser:		

Current Funeral Home Information

Funeral Home Name:			
Address	City	Province	Postal Code
Phone No.	Fax No.		

New Funeral Home Information

Funeral Home Name:			
Address	City	Province	Postal Code
Phone No.	Fax No.		

All of the terms and conditions of the original enrollment, and certificate continue to apply to this transfer.
 Growth rate applied to the original enrollment form will still apply to this transfer.

Signatures

Signature of Current Authorized Funeral Home X	Date (dd/mmm/yyyy)
Signature of New Authorized Funeral Home X	Date (dd/mmm/yyyy)
Signature of Annuitant/Purchaser X	Date (dd/mmm/yyyy)