

## Transfer Of Ownership – Insurance

Current Owner

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy  
Number(s): \_\_\_\_\_

Name of Insured: \_\_\_\_\_

I, the owner, absolutely transfer and assign all rights, titles and interests in the above policy to:

New Owner

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

SIN # or BIN #: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation to  
current owner: \_\_\_\_\_

Signature  
Current Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Singed at: \_\_\_\_\_

Send To:

Fax: 604-854-1659

Mail: 102-32310 South Fraser Way, Abbotsford, BC V2T 1X1

Email: [info@mcguirehiebert.com](mailto:info@mcguirehiebert.com)

Office Use Only:

Advisor Name

Advisor #:

Date Rec'd:

Processed: