



Allstate Insurance Company of Canada
 Allstate Benefits
 49 Industrial Drive
 Elmira, Ontario N3B 3B1

Telephone 1-519-725-7118
 Toll free 1-844-455-6255
 Facsimile 519-669-5135
 www.allstatevoluntary.ca

Producer Use Only – subject to AICC rules, send all items to be returned to: Producer Owner

Producer Name and Number _____

Certificate Number(s) _____ Certificate Owner's Name _____

Insured's Name if different than Owner _____

Certificate Owner Mailing Address _____
 (Street) _____ (Apt) _____

 (City) _____ (Province) _____ (Postal Code) _____ **Check if this is a new address**

Home Phone Number _____ Alternate Phone Number _____ (Cell or Work)

Preferred contact number (Home or Alternate) and best time to call if possible _____ a.m. p.m.

Email _____ Producer Name and Number _____

1. Certificate Changes, Reductions or Removals

- Change from Family to Individual Coverage Individual and Spouse Coverage
- Individual and Child coverage on GCI certificate due to _____
 If due to death of Insured, Name of New Insured _____
 Date of Birth _____
- Add Newborn child (if no underwriting required)
 Name of Newborn _____
 Sex: Male or Female Date of Birth _____
 Relationship of Dependent to Primary Insured _____
- Reduce the amount of insurance From: _____ To: _____
 Basic Certificate _____
- Reduce the number of Rider Units From number of Units: _____ To number of Units: _____
 Rider Name _____
- Remove the following Benefit Rider _____

2. Application for Duplicate Certificate

I certify that the above certificate has been lost or destroyed and that said certificate is not assigned, hypothecated, or pledged in any way whatsoever. I, therefore, request the issuance of a duplicate of said certificate and agree that should the original certificate be found or in any way come into my possession, I will return or cause the same to be returned to Allstate Insurance Company of Canada, its successors or assigns. It is distinctly understood and agreed that the original certificate shall become null and void immediately upon issuance of the duplicate certificate herein requested. I also agree that if duplicate forms of the lost certificate are not available, I will accept a Certificate of Lost Policy.

3. Name Change Request

Change Name Of Insured Owner Payor
 From: _____
 To: _____
Reason for name change: Marriage Divorce (copy of Divorce Decree needed for documentation)
 Other (specify) _____
(If the reason for the name change is other than marriage, a certified copy of the court order is required)

4. Transfer of Ownership (This option is to change from current owner to a new owner as contractually accepted)

 (New Owner's full name) _____ (Relationship to Primary Insured) _____

 (Street) _____ (Apt) _____ (City) _____ (Province) _____ (Postal Code) _____

 (Date of Birth) _____ (Contact Phone Number) _____ (Email) _____
 Please check here if change of ownership is due to the death of the current owner

*** PLEASE SEE BACK OF FORM FOR ADDITIONAL REQUESTS AND SIGNATURES ***

**5. q Other Instructions
(Be specific)**

I agree that my signature below shall apply to each request which has been checked on this form and I further agree that no request will be effective if not checked.

Certificate Owner's Signature Required for all Requests _____ **Date** _____

Joint Owner's Signature _____ **Date** _____

Note: For Corporate Owner, provide corporation name, two officer's signatures and their titles.

_____	_____	_____
Company Name	Officer Signature/Title	Officer Signature/Title

6. q Change of Beneficiary

To be attached to Certificate No. _____ on the life of _____.

The Allstate Insurance Company of Canada (hereinafter called the Company) is hereby requested to revoke all prior beneficiary designations and optional methods of settlement, if any, and change the beneficiary of said policy as follows **(see below instructions)**:

Primary: _____ % Relationship: _____

Primary: _____ % Relationship: _____

Primary: _____ % Relationship: _____

Primary: _____ % Relationship: _____

Total must equal 100%

Contingent: _____ % Relationship: _____

Contingent: _____ % Relationship: _____

Contingent: _____ % Relationship: _____

Contingent: _____ % Relationship: _____

Total must equal 100%

Unless otherwise provided herein, the proceeds shall be paid in a lump sum to the Primary Beneficiary, if living; otherwise to the First Contingent Beneficiary, if living; otherwise to the Second Contingent Beneficiary, if living; otherwise as provided in the policy. If there is more than one beneficiary designated either by name or class of the same rank (Primary, First Contingent or Second Contingent), payment shall be made in equal shares to all beneficiaries of such rank who survive the insured, unless otherwise provided herein. All references to "Beneficiary" herein shall apply to all beneficiaries of the same rank when there is more than one.

If this Request shall make any provision for children of any person as a class, the phrase shall include only lawful children of that person, including any legally adopted child, except as the term "child" or "children" shall be otherwise specifically defined in the Request.

The Company, in determining the persons comprising any class designated as beneficiary hereunder, or any facts relating to any person or beneficiary mentioned herein either as a class or otherwise, may rely solely upon proof by affidavit or other payment, be a valid discharge of the Company's obligation under this policy.

I hereby request that any provisions of said policy requiring that it be submitted to the Company for endorsement of change of beneficiary thereon be waived.

This change of beneficiary shall be valid only when recorded by the Company at its Home Office, but when so recorded shall take effect as of the date signed by the owner, without prejudice to the Company on account of any payment made or other action taken by the Company before such recording.

I make this change in accordance with the provisions of said policy and subject to the above conditions as well as any existing assignment; and, unless otherwise provided by me in this Request, I expressly reserve the right to again change the beneficiary at any time I may elect.

Dated at _____ this _____ day of 20_____.

I/We hereby consent to the foregoing

Signature of Owner

Witness

This space for Home Office Use only

ALLSTATE INSURANCE COMPANY OF CANADA

Date Recorded

By _____

Secretary

INSTRUCTIONS

- This form must be completed and forwarded to the Company. A copy, bearing date recorded and signed by the Secretary of the Company, will be returned to you. It should be filed with the certificate as evidence of the change of beneficiary.
- Give first name, middle initial, surname and relationship, if any, of the beneficiary to the Insured. If it is an initial name, please state that it is. If the beneficiary is a married woman, give her name as "Mary E. Smith" for example, not "Mrs. John A. Smith".
- Neither the beneficiary nor any person interested in the certificate may sign as witness.
- To be completed and returned to: Allstate Benefits at 49 Industrial Drive, Elmira, Ontario N3B 3B1. **DO NOT SEND CERTIFICATE.**
- Forms cannot be accepted which contain corrections or erasures.