

Insured's last name

Insured's first name

Y Y Y Y M M D D

Date of birth

Contract Numbers:

☐ I hereby request a review of the extra premium regarding the above-mentioned contract(s).☐ I hereby request a review of the exclusion regarding the above-mentioned contract(s).**Important: Please complete and attach the Declaration of Insurability form, including the medical authorization.**

Signed at _____ on this _____ day of _____ 20 _____.

X

Signature of policyholder 1

X

Signature of policyholder 2

X

Proposed insured's signature or his or her legal guardian's signature, if the insured is under age 18 in Quebec or under age 16 outside Quebec

Name of the legal guardian with signing authority (please print)

Protection of personal information

Protecting your personal information is a priority for Beneva. To find out more about our practices, please consult the *Personal Information Protection Statement* located at [Beneva.ca](https://beneva.ca).