

Notice of movable hypothec without delivery (Quebec)



Important: If the financial institution documents are available, please submit them to the Head Office of the Company and do not complete this form. This form can be used to provide notice of a movable hypothec without delivery in Quebec, using a policy for collateral security.

1. Policy number (hypothecated policy)

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2. Information about the owner of the policy

First name	Middle name	Last name	Date of birth (dd-mm-yyyy) — —	Telephone number — —
For corporate owners, please provide company name				Telephone number — —

3. Information about the insured person

First name	Middle name	Last name	Date of birth (dd-mm-yyyy) — —	Telephone number — —
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4. Notice to Sun Life Assurance Company of Canada (“Sun Life Financial”)

I, the owner, hereby give notice that, for value received, I have hypothecated all my rights in the above policy in favour of the hypothecary creditor below.

5. Information about the hypothecary creditor

Name	Telephone number — —
Address	Relationship to owner

6. Signature of the irrevocable beneficiary (if there is one)

Signature X		
Date (dd-mm-yyyy) — —	Signed in (city)	Signed in (province)

7. By signing below I, the policy owner, confirm that:

- I have hypothecated all my rights in the policy.
- **THIS FORM DOES NOT CREATE OR VALIDATE A MOVABLE HYPOTHEC.** The sole purpose of this form, once completed by an owner and received by Sun Life Financial, is to notify Sun Life Financial as indicated above in conformity with section 2461 of the Civil Code of Quebec. Sun Life Financial receives this form for no other purpose. Any legal effects of reception are as set out in applicable law. Sun Life Financial makes no representations or warranties, and offers no opinion, as to the legal effectiveness or status of any matter of which notification is given. In all cases, it is the responsibility of the owner and/or hypothecary creditor to ensure that legal requirements have been met, consulting with legal advisors as may be necessary.

Note: For multiple owners, all owners must sign this form. If the owner is a company, include the signing officer’s name and title.

Sign and date here:

Signature of the owner of the policy X			
Date (dd-mm-yyyy) — —	Signed in (city)	Signed in (province)	
Advisor’s first name	Last name	Advisor’s ID number	

Return to:

Sun Life Assurance Company of Canada
227 King Street South
P.O. Box 1601, STN Waterloo
Waterloo, ON N2J 4C5

For HO use only: 4390E
