

Online Access Request for a Third Party



By submitting this form, you are requesting that Assumption Life grant access to your account to a third party. Please ensure they are a trusted person as they will have access to confidential information. They will be authorized to access your account in read-only mode and will not be able to make changes or transactions on your behalf. You can revoke their access at any time.

Policy No. (optional) _____

Information about the Person to be Granted Access to the Accounts

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|--|------------------------|
| Name of person who will have access to accounts: | Relationship to owner: |
| Email: | Telephone: |

It is important to provide us with a confidential email address, as we will send the username and temporary password to that address, which can be used to access the account.

Commitment of Person Granted Access

- I acknowledge that I will have access to confidential information concerning the owner and their assets. As such, I agree to take all necessary measures to protect the confidential nature of this information and to only communicate it to the owner or in accordance with the owner's instructions.
- I agree not to disclose my username or password to anyone and to notify Assumption Life immediately should I ever have reason to believe that an unauthorized person has knowledge of my username and password.
- I acknowledge that I am bound to comply with the posted terms and conditions of use regarding online service and with any updates thereto.
- I understand that my access to the owner's account does not make me a client of Assumption Life. Assumption Life has no obligation towards me and I acknowledge having no rights with respect to the account. Assumption Life can terminate my access to the account at any time and for any reason, without notice.

Signed at _____ (city and province) on _____ (date)

Signature of person granted access: X _____

Notice to Owner

You should be aware that the person mentioned above will have access to all information available on Assumption Life's online service that concerns you. This information includes your financial details and may include other personal information. However, no medical information is accessible through the online service. Assumption Life does not recommend granting access to your personal information to third parties. You grant this access at your own risk.

No transactions will be allowed on your accounts without your signature. **You may revoke the access of the person indicated above to your accounts at any time by calling us at 1 (800) 343-5622.**

| | |
|----------------------|-------------------------|
| Name(s) of owner(s): | Client or group number: |
| Email: | Telephone: |

Release and Commitment (of owner)

By authorizing the provision of access to the Assumption Life online service to the individual indicated above, the owner agrees to the following terms and conditions:

- I hereby release Assumption Life from any loss, damage, cost, or harm that I may suffer directly or indirectly in connection with the authorized person's access to my Assumption Life online account, without any further valid consideration other than those stated herein. I understand that the authorized person will have access to confidential information about me and release Assumption Life from any liability regarding the use of this information by the authorized person.
- I acknowledge having read and understood this release and undertaking before signing it.

Signed at _____ (city and province) on _____ (date)

Signature(s) of owner(s): X _____ X _____

| | |
|--|---|
| Individual Insurance Email: client.services@assumption.ca Fax: 1 (855) 577-3864 | Investments and retirement Email: investments.retirement@assumption.ca Fax: 1 (855) 430-0588 |
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Assumption Mutual Life Insurance Company, PO Box 160/770 Main St., Moncton NB E1C 8L1