

# Online Access Request



Policy No. (optional) \_\_\_\_\_

**Please complete this form to gain access to your Assumption Life accounts via our online service.**

Name of owner*:	Date of birth:
Address:	Telephone:
<b>* If the owner is a Body Corporate, note the names and titles of authorized signatories:</b>	
Name:	Name:
Title:	Title:
E-mail (please provide private e-mail address):	

## Notice to Owner

It is important to provide a private e-mail address, as this is where we will forward the username and temporary password of the person granted access.

## Release and Commitment

In accepting access to the Assumption Life online service, the owner agrees to the following terms and conditions:

- I agree that I am responsible for any modifications made via the Assumption Life online service to any contracts of which I am the owner.
- I acknowledge that Assumption Life's website may experience technical difficulties from time to time, consequently rendering access to the site temporarily impossible.
- I acknowledge and agree that despite every reasonable effort on the part of Assumption Life to ensure the accuracy of the financial information provided through its online service, including information on the performance rates of insurance products, interest rates, and unit values, errors may occur on occasion. I consequently agree to verify the accuracy of such information in a timely manner.
- 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 Assumption Life may at any time cancel my authorization to use the online service and block my access to the service on any grounds that it may deem reasonable. Reasonable grounds include any situation or event potentially placing at risk my interests or those of Assumption Life.
- I hereby release Assumption Life from any loss, breakage, damage, expense, or detriment that I may experience on any grounds outlined in this release and commitment agreement without any recourse other than that outlined herein.
- I acknowledge having read and understood this release and commitment agreement prior to signing below.

## Signature(s) of owner(s) (or authorized signatories for Body Corporate):

Signature:	Date:
Signature:	Date:

The completed and signed form can be emailed to [client.services@assumption.ca](mailto:client.services@assumption.ca), faxed to 1 (855) 577-3864 or sent by mail to the following address:

**Assumption Mutual Life Insurance Company, PO Box 160/770 Main St., Moncton NB E1C 8L1**