



Complaint Form

Name		Phone Number	
Address			
City		Province/Territory	Postal Code
Email		Communication Preference	
		Email Mail	
Type of Product :		Policy or Contract Number :	
Your Agent's Name			

Confidentiality Notice

Any personal information you provide to us will only be used for the purposes of addressing your complaint and will be handled in accordance with our privacy policy available under the "Privacy" section of our website.
 Please note that if your agent is the object of your complaint, a copy of your complaint will be provided to them. In certain provinces or territories, applicable law requires us to provide your complaint file or elements thereof to the competent regulatory authority.

Your Complaint

Please indicate the grounds of your complaint and the prejudice you have suffered. For example: you disagree with a decision, you are dissatisfied with a service you have received, etc. If your complaint is regarding a particular person, please identify them.

Please indicate the steps you have taken to resolve the problem described above and the result of those steps.

Please indicate the result you seek to achieve by filing this complaint. What would be a satisfactory response from Assumption Life?

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Do you have any other information to provide?

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Signature	Date
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Please attach any documentation that you think is relevant to your complaint. Once completed, you can send this complaint from to Assumption Life's Ombudsman at:

Ombudsman
Assumption Life
PO Box 160
770 Main Street
Moncton, NB E1C 8L1
complaints@assomption.ca

If you have any questions regarding this form or the complaint handling process, please contact the Ombudsman as set out above or by phone at 1 (800) 455-7337.