

CREDIT INSURANCE **Nominating a Payee**

GENERAL INFORMATION:

Insured legal name:

Policy number:

Form completed by:

Title:

THE PAYEE - Please read the notes at the foot of this form carefully:

The name of the entity whom you want to receive payment:

The address of the entity whom you want to receive payment:

Contact name:

Telephone number:

Email address:

YOUR AUTHORIZATION - Check one box only as appropriate:

Loss Payee/Assignment of Debt:

☐ Revocable ☐ Irrevocable

Please pay the entity mentioned above and the Insured mentioned below:

☐ some ☐ all the amount payable under our policy.

If some, indicate buyer names. If several, please attach a separate list.

The Insurer is hereby authorised to provide the Payee named above with copies of the policy and any related endorsements:

☐ Yes ☐ No

Authorized Signature _____

Name:

Title:

Date:

Notes:

1. These instructions:
 - a. are not an assignment nor do they confer on the payee any of the benefits of an assignee;
 - b. are invalid if the printed contents of this form have been altered in any way;
 - c. will apply to any sums of money that may be payable under the policy;
 - d. are valid only if they bear our receipt stamp;
 - e. will become effective 10 days after the date of receipt by us;
 - f. can be amended only by further instructions using another of these forms, and can be cancelled only by using a cancellation form that we will provide.
2. If, when we are about to make a payment under the policy, there is more than one nomination of some or all of the amount payable, we will not make payment until the entitlement of each payee has been determined.
3. Any payment under the policy will of course depend on your complying with the terms and conditions of the policy.

FOR INTERNAL USE ONLY:

Date received:

By: _____

Effective date:

Jay Rampersad, Vice-President

Intact Insurance Company

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