



Change of Policyholder

This form allows you to change the policyholder(s)/ trustee(s) for a Group Life Assurance Policy for death in service benefits where the scheme only provides death in service benefits.

WHEN TO USE THIS FORM

This form can be used where a Group Life Assurance Policy is being transferred from:

1. one or more trustees to another individual / company / Limited liability partnership / partnership.

For example, where the proposed new Policyholder is a different company or Limited Liability Partnership

or

2. the trustee(s) of one trust the trustee(s) of another trust.

WHEN NOT TO USE THIS FORM

- This form should not be used if there is only a change of name, registered office or principal address. In this case Canada Life simply needs to be advised in writing of the change.
- This form cannot be used if there is no authorised signatory to sign the form on behalf of the current policyholder(s) / trustee(s) or the current policyholder(s) / trustee(s) has been dissolved. In this case a new policy must be set up for the proposed new policyholder(s) / trustee(s).
- This form cannot be used if the current or new trustees are the trustees of the Canada Life Group Life Master Trust.

Notes

- Where the existing trust is to remain in place the current policyholder(s)/trustee(s) will also need to amend the existing trust deed to appoint the new policyholder(s)/trustee(s).
- If a new trust has been established by the proposed policyholder(s)/trustee(s), full details of the new trust will be required.

IMPORTANT INFORMATION

By completing and returning this form both the current policyholder(s)/trustee(s) and the proposed new policyholder(s) / trustee(s) agree that from the effective date of the transfer:

- All the rights and obligations of the current policyholder(s)/trustee(s) under the Group Life Assurance Policy will be transferred to the proposed new policyholder(s) / trustee(s).
- The proposed new policyholder(s)/trustee(s) will be bound by the terms of the Group Life Assurance Policy in every way as if it/they were the current policyholder(s) / trustee(s) and the Group Life Assurance Policy was originally issued to it/them. In particular, the proposed new policyholder(s) / trustee(s) will become responsible for any outstanding premiums as well as any future premiums.
- The current policyholder(s)/trustee(s) releases and discharges Canada Life Limited ("Canada Life") from all its/their claims and demands arising under or in connection with the Group Life Assurance Policy.
- Unless agreed otherwise with Canada Life, the Group Life Assurance Policy will, in all other respects, continue on its existing terms.

HOW TO RETURN THIS FORM

Please return the completed form to:

**Canada Life Limited,
3 Rivergate,
Temple Quay,
Bristol. BS1 6ER.**

If you have any questions regarding the completion of the form or the submission process please:

Call us on: **0345 223 8000**

Email us at: **groupcsc@canadalife.co.uk**





1 Current Trust and Policy Details

GROUP POLICY NUMBER

CURRENT TRUST NAME

CURRENT POLICYHOLDER(S) / TRUSTEE(S)

2 Transfer Details

EFFECTIVE DATE OF TRANSFER

REASON FOR CHANGE OF POLICYHOLDER

NEW SCHEME NAME

We will assume that the current eligibility and benefit basis is to remain the same and that there will be no new entrants at the date of the transfer. Please advise us if this is not the case and the details of the changes so that we can advise any additional requirements.

3 New Policyholder Details

Part A - Complete only if corporate policyholder(s) / trustee(s) otherwise complete Part B.

NAME OF CORPORATE POLICYHOLDER(S) / TRUSTEE(S)

REGISTERED OFFICE (including postcode)

STATUS

Company

Limited Liability Partnership

REGISTRATION NUMBERS

Company

Charity

Part B - Complete if an individual is acting as policyholder(s) / trustee(s)

NAME

NAME

ADDRESS (including postcode)

ADDRESS (including postcode)

Please use an additional sheet if more than two individuals are acting as policyholder(s) / trustee(s)



4 Contact Details (please provide details of the individuals in your organisation who will administer the policy)

CONTACT NAME	POSITION	EMAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

5 Details New Trust Deed (if applicable)

DATE OF EXECUTION
 The date of execution is normally the date on which the last trustee signed the trust

NAME OF NEW TRUST

HAS THE TRUST BEEN PROVIDED BY CANADA LIFE?
Yes No

IS THE TRUST REGISTERED WITH HM REVENUE AND CUSTOMS (HMRC)?
Yes No **Registration would be under chapter 2 of part 2 of the finance act 2004**

PLEASE PROVIDED THE PENSION SCHEME TAX REFERENCE (if registered with the HMRC)
 Reference number format 12345678RE

Important Notes

- If the trust is not registered with HMRC Canada Life will only issue an Excepted Policy as defined in chapter 480(3) of the Income Tax (Trading and Other Income) Act 2005.
- If the Canada Life trust deed has not been used we may not be able to assist with future documentation updates.
- The policy will be issued to and in the name of the trustees.

6 Data Protection Statement

Canada Life Limited takes its privacy obligations very seriously.

- Any personal information provided to us, as data controller, by a policyholder, joint policyholder, employer policyholder, trustee, insured person, beneficiary, claimant or member will be treated in accordance with the Data Protection Act (as amended). The Act provides you with certain rights.
- By signing this form you agree to us using, processing and sharing the personal information (including special categories of personal data) provided to us for the purposes described on the next page.
- We use personal information to undertake activities relating to the setting up, administration and renewal of our policies, products and services. This includes processing applications and handling any claims. For the majority of our business we will rely on the performance of our contractual arrangements with the policyholder as the legal basis for processing. We will seek consent from you when medically underwriting or assessing a claim.

**We do not use personal data for marketing purposes.
Please see the Data Protection Notice for full details.**



7 Notes on signing this form

This form must be signed by the duly authorised representative(s).

8 Current Policyholder Declaration

From the effective date of the transfer I/we, the undersigned:

- transfer all my/our rights and obligations under the Group Life Assurance Policy to the proposed new policyholder(s)/trustee(s)
- release and discharge Canada Life from all claims and demands I/we may have under or in connection with the Group Life Assurance Policy, whether arising before, on, or after the effective date of the transfer
- acknowledge that Canada Life shall release and discharge me/us from all claims and demands it may have under or in connection with the Group Life Assurance Policy, whether arising before, on, or after the effective date of the transfer

NAME

SIGNATURE

CAPACITY

DATE

NAME

SIGNATURE

CAPACITY

DATE



9 New Policyholder(s) / Trustee(s) Declaration

From the effective date of the transfer I/we, the undersigned:

- that the information given in this form is accurate and correct
- confirm that I/we have read the data protection notice and am satisfied that my/our personal information will be handled appropriately, in accordance with the notice and where I/we provide personal data in relation other people, I/we have their consent to provide such information and for their information to be used as set out in the notice
- agree to be bound by the terms of the Group Life Assurance Policy in every way as if I/we were the original party to it in place of the current policyholder(s)/trustee(s) and the Group Life Assurance Policy was originally issued to me/us. In particular, I/we agree to be responsible for any outstanding premium owed to Canada Life as well as any future premiums
- acknowledge that I/we will have the right to enforce the terms of the Group Life Assurance Policy and pursue any claims and demands under the Group Life Assurance Policy against Canada Life with respect to matters arising before, on or after the effective date of the transfer
- acknowledge and accept that, unless agreed otherwise with Canada Life, the Group Life Assurance Policy will in all other respects continue on its existing terms
- acknowledge that the transfer of the Group Life Assurance Policy will not be effective until Canada Life has confirmed the transfer in writing

NAME <input type="text"/>	NAME <input type="text"/>
SIGNATURE <input type="text"/>	SIGNATURE <input type="text"/>
CAPACITY <input type="text"/>	CAPACITY <input type="text"/>
DATE <input type="text" value="dd / mm / yyyy"/>	DATE <input type="text" value="dd / mm / yyyy"/>

PLEASE RETURN THE COMPLETED FORM WITHIN 30 DAYS OF THE POLICY COMMENCEMENT DATE, TO CANADA LIFE, 3 RIVERGATE, TEMPLE QUAY, BRISTOL, BS1 6ER.



Data Protection Notice (DPN)

Canada Life Limited (referred to as 'Canada Life', 'we', 'us' or 'our' in this DPN) takes its privacy obligations very seriously. Any personal information provided to us, as data controller, by a policyholder, joint policyholder, employer policyholder, trustee, insured person, beneficiary, claimant or member (referred to as 'you' or 'your' in this DPN), will be treated in accordance with the Data Protection Act (as amended).

Using Personal Information

We use personal information to undertake activities relating to the setting up, administration and renewal of our policies, products and services. This includes processing applications and handling any claims. For the majority of our business we will rely on the performance of our contractual arrangements with you as the legal basis for processing.

We do not use policyholder or member personal data for marketing purposes and we do not make your personal information available to third parties for the purpose of direct marketing.

The nature of our business is to provide investments, life and pensions cover, critical illness, income protection and employer related group products. To do this we need to use the personal information provided to carry out analysis of actuarial risks (risks of gains or losses), mortality and morbidity risks and pricing. This will be carried out in accordance with the Institute & Faculty of Actuaries' data handling protocols.

We use underwriting software to process some applications and quotations which will use an element of automated decision making.

Exceptionally, we may rely on our legitimate interests to process your personal data. When we do, we will demonstrate compelling legitimate grounds for doing so.

For employer-related group insurance products

The Data Protection Act permits appropriate information about employees to be provided by an employer to an insurer without individual consent (including details of long-term absentees, current and previous claimants, and medical underwriting decisions).

For employer-related group products the Data Protection Act permits that members may individually withdraw their consent. In those instances Canada Life will be unable to provide cover for that individual.

When medically underwriting or assessing a claim we will obtain consent from the employee.

Sharing personal information

We share personal information only on the basis of the purposes for which it was collected. This notice is intended to illustrate the instances where data may be shared. However, we will share your data only for the limited and compatible purposes for which it was originally obtained:

- with other Canada Life group companies including those outside the European Economic Area (EEA);
- with any of our service providers, reinsurers and / or regulators;
- with other insurers and government agencies, including without limitation Her Majesty's Revenue and Customs (HMRC), Department of Work and Pensions (DWP);
- in order to prevent, detect or investigate financial crime including fraud or other criminal activity, we may share your data with other companies (including private investigators), organisations (including fraud prevention agencies and databases), public bodies (including the police) and associations and credit reference agencies;
- we will not share your medical information with anyone other than yourself without your consent except as described in the next bullet point. This includes your employer, spouse, other relatives, friends or your legal or financial adviser. In some circumstances, it may be appropriate to advise your employer about your medical information, for example, to recommend alternative supportive therapy. However, we will seek your consent in such circumstances;
- for employer-related products and services only, some medical information related to underwriting decisions and non-medical information about you necessary for lawful policy and claim administration purposes will be shared with your employer;
- we will not share non-medical information concerning you with your spouse, other relatives, friends or your legal or financial adviser unless you provide your consent to us in writing;
- for insurance related products, with your own doctor or relevant medical professionals; and/ or
- in any circumstances if permitted or required to do so by law or if we have your consent to do so.

International Transfers

Given the global nature of our business, we use third party suppliers and outsourced services (including cloud based services), which can require transfers of personal information outside of the EEA. In doing so, we ensure that there are appropriate contractual arrangements and we will choose only those organisations with strict controls in place, via appropriate organisational and technical measures in place to protect your personal information.

Retention of your personal data

We will keep your personal data only for so long as is necessary and for the purpose for which it was originally collected. In particular, for so long as there is any possibility that either you or we may wish to bring a legal claim under this insurance, or where we are required to keep your personal data due to legal or regulatory reasons.

YOUR RIGHTS AND CONTACT DETAILS OF THE INFORMATION COMMISSIONER'S OFFICE (ICO)

You may have the right to require us to:

- provide you with further details on the use we make of your personal information or your special categories of data;
- provide you with a copy of the personal information that you have provided to us or which we hold;
- update any inaccuracies in the personal information we hold;
- delete any special category of data or personal information for which we no longer have lawful grounds to use;
- cease processing of your personal information that is based on consent, by withdrawing your consent to that particular processing;
- cease any processing based on legitimate interests grounds, unless our reasons for undertaking that processing outweigh any prejudice to your data protection rights; and
- restrict how we use your personal information whilst a complaint is being investigated.

In certain circumstances, we may need to restrict the rights listed above in order to safeguard the public interest (e.g. the prevention or detection of crime), our interests (e.g. the maintenance of our legal responsibilities) and for the performance of our contract with an employer who is the policyholder for employer-related products and services.

Data Protection Officer (DPO)

If you have any questions, or complaints, in relation to our use of your personal information, you should first contact our DPO, on the details below:

Canada Life Limited, Group Insurance, 3 Rivergate, Temple Quay, Bristol, BS1 6ER or by email at: dpo@canadalife.co.uk.

In the unlikely event that you are dissatisfied with our response, you have the right to take the matter up with the Information Commissioner's Office (ICO), whose address is:

Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow Cheshire, SK9 5AF

The full version of our DPN can be found on our website, www.canadalife.co.uk or is available upon request by calling **0345 223 8000**.

This DPN is dated 5th March 2018. Any future updates will be made available as described.



Our forms are available to download from our website: www.canadalife.co.uk/group

Canada Life Limited, registered in England no. 973271. Registered Office: Canada Life Place, Potters Bar, Hertfordshire EN6 5BA.

CLFIS (UK) Limited, registered in England no. 04356028 is an associate company of Canada Life Limited. Registered Office: Canada Life Place, Potters Bar, Hertfordshire EN6 5BA.

Canada Life Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

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Group Insurance

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