

REQUEST FOR ACCESS - THIRD PARTY ASSUMPTION LIFE ONLINE SERVICE

Please complete this form to authorize access to your Assumption Life accounts via our online service to another person.

Information on Person to Be Granted Access to the Accounts

Name of person who will have access to accounts:	Relationship to owner:
Address:	Telephone:
E-mail (please provide private e-mail address):	Date of birth:
<i>It is important to provide a private e-mail address, as we will forward to this address the user name and temporary password of the person granted access.</i>	
COMMITMENT OF PERSON GRANTED ACCESS	
<ul style="list-style-type: none"> I acknowledge that I will have access to confidential information concerning the financial contracts of the owner indicated herein. As such, I agree to take all necessary measures to protect the confidential nature of the owner's financial and other information to which I will have access. I further agree to disclose any such information to no one other than the owner. I agree not to disclose my user name 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 user name and password. I acknowledge and agree that despite every reasonable effort on the part of Assumption Life to ensure the accuracy of the information provided through its online service, 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 terms and conditions of use posted at the online service and with any updates thereto. 	
Signed at _____ on this _____ day of _____, 20 ____	
Signature of person granted access <i>X</i> _____	

NOTICE TO OWNER	
<p>Be advised that the individual indicated above will have access to all of your personal information available via the Assumption Life online service. This may include, but is not limited to, financial information. It is to be noted, however, that no information of a medical nature is accessible via the online service. In addition, no transaction on your accounts will be authorized without your signature. To revoke at any time the access to your accounts granted to the person indicated above, please call us at 1 800 343-5622.</p>	
Name(s) of owner(s):	Telephone:
Address:	Date of birth:
RELEASE AND COMMITMENT (of owner)	
<p>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:</p> <ul style="list-style-type: none"> I acknowledge that I am bound to comply with the terms and conditions of use posted regarding online service and with any updates thereto. I acknowledge that Assumption Life's Web site may experience technical difficulties from time to time, consequently rendering access to the site temporarily impossible. I further acknowledge that Assumption Life may at any time cancel my access to the online 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, including that caused by another person whose access to the online service I have authorized, without any recourse other than that outlined herein. I acknowledge having read and understood this release and commitment agreement prior to signing below. The signature of all owners is MANDATORY. I acknowledge and agree that despite every reasonable effort on the part of Assumption Life to ensure the accuracy of the information provided through its online service, errors may occur on occasion. I consequently agree to verify the accuracy of such information in a timely manner. 	
Signed at _____ on this _____ day of _____, 20 ____	
Signature(s) of owner(s): <i>X</i> _____ <i>X</i> _____	