

**NOTICE FROM  
ESCROW AGENT TO INSURER**

..... (City), ....., 20...

*(Name of insurance company)*

*(Address)*

*(Suite)*

*(City), (Province)*

*(Postal Code)*

**RE: POLICY NUMBERS:** .....

**OUR FILE NUMBER:** .....

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..... (Salutation),

Further to the shareholder agreement entered into between ..... and ..... on ..... we are forwarding to you this letter in order to proceed, pursuant to the terms of said agreement, with a change of the beneficiaries set out in said policies. Indeed, it has been agreed that the corporation known as "....." will henceforth be the beneficiary of the entire face amount in the event of the death of any of the shareholders.

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