## **Complaint Form**

- Please accurately provide all relevant details to help us understand the reason for your dissatisfaction.
- We encourage you to submit your complaint using this form; however, if you prefer to submit your complaint in another format, please feel free to do so.

Any personal information that you provide to us will be used strictly for purposes of addressing your complaint and handled in accordance with our privacy policy, which is available under the section on privacy on our website. Please note that in some situations, we may be obliged under law to forward your complaint or certain information provided in relation to your complaint to the appropriate regulatory agency in your province of residence.

## Your personal information

Name:
Telephone number we can reach you at if we have questions:
During the day:Evening:
Address:
The type of product subject to complaint:
Your product number (policy, certificate, etc):
Your complaint
Whom does your complaint concern (representative, employee, Assumption Life directly, etc.) If your complaint is regarding a representative (insurance agent), please indicate his/her name and contact information if you have it:
Please describe the nature of your complaint and the inconvenience you have experienced as a result. (Attach additional pages if necessary.)

•	to resolve the problem, and what has the result been eps undertaken, etc.)? (Attach additional pages if
What outcome do you seek, or in what man satisfaction? (Attach additional pages if nec	•
Signature	Date

Please attach any documentation that you think could assist our Ombudsman in reviewing your complaint.

Please forward this completed form to Assumption Life's Ombudsman.

Ombudsman Assumption Life P.O. Box 160 / 770 Main Street Moncton, N.B. E1C 8L1 complaints@assumption.ca

You may also contact the Ombudsman by phone at: 1-506-870-9153

Toll free: 1-800-455-7337