



## SURRENDER OF POLICY

### USE ONE FORM PER POLICY

This form is to be completed by hand. We do not accept electronically completed forms.

INSURED:	POLICY NUMBER:
----------	----------------

**NOTE:** Requirements are:

- Return of policy. (If unable to locate policy, complete Lost Policy Section.)
- Collateral Assignment, if any, must be released.
- Social Insurance Number 

--	--	--

It is hereby understood and agreed that the Policy and all claims are surrendered. The Proceeds, less any Policy debts, shall be paid by cheque to Owner.

**LOST POLICY**

This policy was lost or destroyed. If the policy is found, I agree to surrender it to the Insurer without claim.

### SIGNATURES REQUIRED:

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_  
Year City

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Policyowner Signature

\_\_\_\_\_  
Irrevocable Beneficiary Signature

**PERSONAL INFORMATION CONSENT:**  
The information collected on this application for insurance is required for the purposes of considering and, if approved, processing this application for insurance. It may also be used to administer the insurance policy, investigate any claims that may be made under this policy, and for the provision of products and services. This information, and information in existing files, may be used by and exchanged among Western Life Assurance Company, their agents, affiliates, partners, subsidiaries, reinsurers, rating agencies and authorized administrators for these purposes, regardless of whether a policy is issued or coverage ceases to be in force. Subject to legal and contractual requirements, the applicant may refuse to consent to the collection, use, or disclosure of their personal information for specific purposes by contacting [privacy@westernlife.com](mailto:privacy@westernlife.com) or by calling 1-888-647-5433 and asking to speak to the Privacy office.