



REQUEST FOR TERMINATION

Before You Sign...Consider These Facts:

1. Your life insurance policy is a valuable asset and an important part of your future economic security.
2. Your completion of this form will result in a loss of this asset and the economic security that this policy provides for you and your dependents, as well as tax consequences.
3. If you need cash – our loan option may help you (if available).
4. If your plan no longer suits your needs – we can suggest changes that will be of real benefit to you. We may be able to increase your benefits and/or decrease your premiums.
5. To expedite this process please forward this form to your Advisor/Service Agent to be submitted to our Head office.

Request for Termination (Direction and Release)

I, _____ the Insured/Owner named in Policy Number _____ (the "Policy") have considered carefully the above facts, understand fully the benefit I can secure in adjusting rather than surrendering this Policy and contract and now instruct The Equitable Life Insurance Company of Canada (the "Company") to terminate the Policy and pay the present cash value as directed below. I fully understand that I have no further protection or benefits under the Policy, and release and discharge the "Company" from all claims and demands with respect to the Policy.

Dated at _____ this _____ day of _____, _____

Insured's/Owner's Signature _____ Insured's/Owner's Signature _____

*Insured's/Owner's Social Insurance No. _____ *Insured's/Owner's Social Insurance No. _____

If this policy is assigned please submit a letter of release from the assignee

**I, _____ the Preferred or Irrevocable Beneficiary under the Policy hereby consent and agree to this termination of the Policy and the payment of the cash value as directed above. I fully understand that I have no further protection or benefits under the Policy. I certify that I am over the age of majority.

**Beneficiary's Signature _____

PLEASE IMMEDIATELY DESTROY THE POLICY CONTRACT

(If applicable)

Advisor's Name: _____

Advisor's Signature: _____ Date: _____

*In accordance with Section 237 of the Income Tax Act, we are now required to submit a S.I.N. on all tax forms. Failure to supply a S.I.N. may result in a \$100.00 penalty payable by you according to Section 162 (5), (6) & (7). **The signature of the beneficiary, if preferred or irrevocable, is required.

Please note: Equitable Life® cannot ensure the privacy and confidentiality of any information sent through the internet because e-mail may be vulnerable to interception. As a result, Equitable Life is not responsible for any loss or damages you may incur if your information is intercepted and misused. If you would prefer to submit your information by another means, please contact us at 1.800.668.4095.