

Surrender Individual Life Insurance

F6A

Loan, Dividends, Partial Withdrawal: see overleaf

Agency	Code	Agent	Code	S.U.	Reserved for Agency Sent:	Reserved for the Service Centre Received:
_____	____ ____ ____	_____	____ ____ ____	____ ____ ____	_____	_____

Policy no. _____ Last name and first name of policyowner _____

____|____|____ - ____|____|____ - ____|____|____

Caution: Corrected or altered forms will not be accepted. Signatures are required in each section completed.

• Policyowner's address (to be completed in all cases) The address remains unchanged.

No. _____ Street _____ Apartment _____ PO Box _____

City _____ Province _____ Postal code _____ Social Insurance No. _____

Email address _____ Tel.: Home () _____ - _____ Work () _____ - _____

1 • SURRENDER REQUEST

➔ The policy is attached destroyed lost

- ➔ The irrevocable beneficiary's signature is required.
- ➔ If the policy has been transferred as security, please obtain a release of assignment or the financial institution's seal.
- ➔ If the policyowner is a company or corporation, obtain the signature of an authorized representative.
- ➔ Transactions involving an investment or withdrawal in an Index or a Managed Account take effect two business days after this form is received at the Company's Head office.

I hereby request the cancellation of this policy and the payment of its surrender value if such value is payable.

This surrender request is conditional on the acceptance of application no. _____ or request for change no. _____

I hereby request a transfer of this total amount or of \$ _____ to policy or application no. _____

The balance of the surrender value, if applicable, must be paid to me.

Signed at _____ this _____ day of _____ 20____

Agent - witness Irrevocable beneficiary Policyowner Policyowner

• Special instructions

Signed at _____ this _____ day of _____ 20____

Agent - witness Policyowner Policyowner

• Reserved for Head Office

➔ Policy no. accepted _____ Effective date _____

Please obtain the signature of _____ This policy has been terminated since _____

➔ If the policyowner is deceased, attach proof of death, will and marriage contract.

Please obtain _____ for non payment of premiums

_____ depletion of value

By _____ Date _____ surrender

A cheque for \$ _____ has been sent to the policyowner is attached has been sent to the agent

The amount of \$ _____ has been applied to policy(ies) _____

The client will be entitled to a reimbursement of \$ _____ for the cheque dated _____ in the next 30 days.

By _____ Date _____



Loan, Dividends, Partial Withdrawal Individual Life Insurance

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Surrender: see overleaf

Agency	Code	Agent	Code	S.U.	Reserved for Agency Sent:	Reserved for the Service Centre Received:
_____	____	_____	____	____		

Policy no. _____ Last name and first name of policyowner _____

____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Caution: Corrected or altered forms will not be accepted. Signatures are required in each section completed.

• Policyowner's address (to be completed in all cases) The address remains unchanged.

No. _____ Street _____ Apartment _____ PO Box _____

City _____ Province _____ Postal code _____ Social Insurance No. _____

Email address _____ Tel.: Home () _____ - _____ Work () _____ - _____

2 • REQUEST FOR POLICY LOAN, DIVIDENDS OR WITHDRAWAL ➔ Do not attach the policy.

➔ Transactions involving an investment or withdrawal in an Index or a Managed Account take effect two business days after this form is received at the Company's Head office.

I hereby request

<input type="checkbox"/> a policy loan	<input type="checkbox"/> maximum	<input type="checkbox"/> of \$ _____
<input type="checkbox"/> the withdrawal of my accumulated dividends		<input type="checkbox"/> total <input type="checkbox"/> of \$ _____
<input type="checkbox"/> a partial withdrawal (U.L.)	<input type="checkbox"/> maximum	<input type="checkbox"/> of \$ _____
<input type="checkbox"/> the withdrawal of future premiums on deposit (FPD)		<input type="checkbox"/> total <input type="checkbox"/> of \$ _____
<input type="checkbox"/> the withdrawal of the daily interest on deposit (DID)		<input type="checkbox"/> total <input type="checkbox"/> of \$ _____

I hereby request a transfer of this total amount

or of \$ _____ to policy or application no. _____

Signed at _____ this _____ day of _____ 20____

X _____ Agent - witness	X _____ Irrevocable beneficiary	X _____ Policyowner	X _____ Policyowner
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• Special instructions

Signed at _____ this _____ day of _____ 20____

X _____ Agent - witness	X _____ Policyowner	X _____ Policyowner
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• Reserved for Head Office ➔ Policy no. accepted _____ Effective date _____

Please obtain the signature of _____
➔ If the policyowner is deceased, attach proof of death, will and marriage contract.

Please obtain _____

By _____ Date _____

This policy has been terminated since _____
for non payment of premiums
 depletion of value
 surrender

A cheque for \$ _____ has been sent to the policyowner is attached has been sent to the agent

The amount of \$ _____ has been applied to policy(ies) _____

The client will be entitled to a reimbursement of \$ _____ for the cheque dated _____ in the next 30 days.

By _____ Date _____