Manulife

# Policy surrender

Please send completed form to Manulife, Individual Insurance at:

**All provinces except Quebec**
500 King Street North
PO BOX 1669
WATERLOO ON N2J 4Z6
Fax: 1-877-763-8834

**In Québec**
2000, rue Mansfield
bureau 1310
MONTREAL QC H3A 3A1
Fax: 1-877-271-5494

- *We*, *us* and *our* refers to the company that insures the policy identified below.
- *You* and *your* refers to the policy owner.

**Warning:**
Upon surrender or discharge of your policy, a portion of the cash value (if any) may be taxed as income, which may increase your taxable income for the year. We strongly urge you to review your situation and examine the provisions contained in your policy before you surrender this policy.

**We will cancel your policy and the insurance coverage it provides when we receive this completed form.**

## 1 General information

| Policy number | Name of insured person (first, middle initial, last) |
|---|---|
| | |

| Name of policy owner #1 (first, middle initial, last or full legal name for a corporation) | Name of policy owner #2 (if applicable) |
|---|---|
| | |

## 2 Payment instructions

Payment, if any, made as indicated fully settles all claims and demands associated with your policy. This payment also releases and fully discharges us from all other liability.

◯ paid by cheque

◯ paid by direct deposit
- ◯ void cheque attached
- ◯ banking information already on file

Made payable to

◯ policy owner*

*If the policy has a collateral assignee, cheques will be made payable to the policy owner(s) and any assignee(s).

◯ other (specify) _____

Mailed to

◯ policy owner ◯ advisor ◯ other (provide name and address below)

| Name (first, initial, last) | | | |
|---|---|---|---|
| | | | |
| **Address (street, number and apt. number)** | **City** | **Province** | **Postal code** |
| | | | |

◯ Applied funds as follows to Manulife policy number _____

- ◯ as a premium payment in the amount of $_____ with any balance to be paid to:
  - ◯ policy owner ◯ other (specify) _____
- ◯ to reduce an existing loan by $ _____ with any balance to be paid to:
  - ◯ policy owner ◯ other (specify) _____

◯ Other (specify) _____

## 3 Policy location

◯ Policy is enclosed. ◯ Policy has been lost, misplaced or stolen.

## 4 Signatures

If there are two policy owners, both of them must sign.

** **If the owner is a corporation,** we require:
- the signatures and titles of two signing officers **or**
- the signature and title of one signing officer and the corporate seal;

If the corporation does not have a corporate seal and you are the only person authorized to sign on behalf of the corporation, sign in the signature box for owner #1 and write your initials in the box provided.

*** If the policy has been collaterally assigned or in Quebec, hypothecated, either:
- obtain a Release of Assignment or Release of Hypothecation **or**
- have the collateral assignee or hypothecary creditor sign this form to show consent for the policy surrender.

A copy, fax, scan, or image of this request is as valid as the original for transactions up to $500,000 if the policy has a single owner.

A copy, fax, scan, or image of this request is as valid as the original for transactions up to $150,000 if the policy is corporately owned, has more than one owner, is assigned as collateral, is part of a trust, or has an irrevocable or preferred beneficiary.

| Signed at (city or town, province) | Date (dd/mmm/yyy) |
|---|---|
| | |

| Signature of policy owner #1** | Signature of policy owner #2** |
|---|---|
| ✘ | ✘ |
| Title (if applicable): | Title (if applicable): |

| Initial here | Write your initials here to confirm that you are the only person authorized to sign on behalf of the corporation and that it does not have a seal. You must also sign above. |
|---|---|
| | |

*Preferred* beneficiaries named on policies issued before July 1, 1962 and irrevocable beneficiaries named on all policies must sign below to show their consent to the policy surrender. Minor beneficiaries cannot give consent.

| Signature of irrevocable or preferred beneficiary | |
|---|---|
| ✘ | |

| Signature of collateral assignee*** | Signature of collateral assignee*** |
|---|---|
| ✘ | ✘ |
| Title (if applicable): | Title (if applicable): |