

REQUEST FOR POLICY CHANGE

INSTRUCTIONS:

Use this form to request any policy changes that do not require medical underwriting.

For any policy changes that require medical underwriting (e.g. Reinstatement, Non Smoker Change, Review of Rating) complete the Long Form Health Certificate and Policy Change Application form 167.

Section A – Policy Information

Policy Number	
Policy Owner Name	Date of Birth (dd/mmm/yyyy)
Policy Owner Name	Date of Birth (dd/mmm/yyyy)
Name of Life Insured	Date of Birth (dd/mmm/yyyy)
Name of Life Insured	Date of Birth (dd/mmm/yyyy)

Section B – Type of Change – ALL PLANS

Decrease the sum insured of a coverage, benefit or rider.

Provide details below:

Name of Life Insured: _____

Coverage, benefit or rider type	Current Sum Insured	New Sum Insured

Name of Life Insured: _____

Coverage, benefit or rider type	Current Sum Insured	New Sum Insured

Remove a coverage, benefit or rider.

Provide details below:

Name of Life Insured: _____

Coverage, benefit or rider type	Sum Insured

Name of Life Insured: _____

Coverage, benefit or rider type	Sum Insured

Section B: Type of Change continued - Universal Life

Yearly to Level Cost of Insurance Switch

NOTE: For a switch to a Series I, Level COI please indicate the Investor Advantage option below.

Change Investor Advantage Option (must equal 100%):

Fixed Option _____ %

Variable Option _____ %

Change in Death Benefit Option

From Sum Insured Plus Fund Value To Sum Insured

Remove Maximizer option

Change Planned Premium (UL Only)

Annual \$ _____

Semi Annual \$ _____

Monthly \$ _____

Other Changes:

Section C – Signatures

- And I/We the undersigned, being all persons having any interest in the said original policy, do hereby covenant and agree that this Request, together with any amendment, supplements and statements contained in the Application for the said original Policy, or any other documents submitted to the Company in support of this request, is hereby made the basis of issue of the new Policy or endorsement issued in response to this Request; and that in consideration of such issue or endorsement I/We do hereby forever release and discharge the said Company from any and all liability, claim or demand under the said original Policy accepting in lieu thereof the new Policy, or the original policy as endorsed, as the case may be.
- If there are two policy owners, both of them must sign.
- If the owner is a corporation, signature and title of one signing officer is required.

Signed at (city or town)		Province	Date (dd/mmm/yyyy)
Signature of Policy Owner #1 and Title (if applicable)		Signature of Policy Owner #2 and Title (if applicable)	
X		X	
Name of Assignee (if applicable)		Signature of Assignee and Title (if applicable)	
		X	
Signature of Irrevocable/Preferred Beneficiary (if applicable)		Signature of Witness	
X		X	
Broker Name	Broker Code	Signature of Broker	
		X	