

FINANCIAL CHANGES REQUEST FOR LIFE AND HEALTH POLICIES

Throughout this form, "Empire Life" means The Empire Life Insurance Company.

1. Policy Number	Policy Owner Last Name	First Name	Initial
	Address (number, street name)	City	Province Postal Code

2. Request for Surrender send proceeds to the Policy Owner send proceeds to Advisor

Complete termination of policy including, if applicable, any surrender value
 Policy is returned **or** I declare that the policy has been lost, mislaid or destroyed.

Complete withdrawal of investment rider on life policy Rider to remain premium paying **or** Rider to be changed to paid up

Partial withdrawal of investment rider: \$ _____ net gross

Use proceeds from policy to pay premium on policy(ies) _____
 loan on policy(ies) _____
 Additional Deposit on policy(ies) _____

Please use the proceeds of this policy towards Empire Life application number _____, and do not process the surrender until the new policy is issued.

3. Cash Loan Agreement

The loan under the terms of the "Cash Loan" provision is subject to the terms and conditions governing the policy, the loan being equivalent to \$ _____ or the current loan value of the policy, whichever is less.

4. Withdrawal of Dividend Value

Withdraw \$ _____ in cash

Withdraw \$ _____ to pay loan on policy(ies) _____

Withdraw \$ _____ to pay premium(s) due on policy(ies) _____

5. Special Instructions

6. Acknowledgement, Authorization and Consent

I understand and agree that:

- the requests made on this form will be processed subject to Empire Life administrative rules and procedures as well as the terms and conditions of the policy;
- any deposits or withdrawals made to/from policies are the responsibility of the Owner;

A photocopy or image of the signed Acknowledgement, Authorization and Consent will be as valid as the original.

Signature of Owner (or first authorized signature for Corporate Owner)	Print name of Owner and title (if signing for corporation)
X	
Signature of Joint Owner (or second authorized signature for Corporate Owner)	Print name of Joint Owner and title (if signing for corporation)
X	

The undersigned Irrevocable Beneficiary(ies) / Assignee(s) hereby consent to the above financial changes and acknowledge that they may affect the benefits under this policy.

Signature of Irrevocable Beneficiary(ies) (if applicable)	Signature of Assignee(s) (if applicable)	Date (dd/mmm/yy)
X	X	

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INSTRUCTIONS

Payment

Unless stipulated otherwise under Special Instructions, payment shall be made payable jointly to the Owner and to any assignee/irrevocable/preferred beneficiary whose names appear in the files maintained by Empire Life for this policy.

Request for Surrender

Upon receipt of a complete surrender request, the policy will be terminated and Empire Life will be discharged from any responsibility and obligation regarding this policy including the amount or value of any Segregated Fund units withdrawn.

Cash Loan Agreement

This agreement must be completed for only those cases where the loan is \$5,000 or more. No loans shall be granted on registered contracts.

Withdrawal of Dividend Value

The withdrawal of all or part of the current value of the Equity Dividend Option units will be subject to a surrender charge of \$5.00.

Signature

For all financial changes, the signatures of the Owner, irrevocable/preferred beneficiary, and of the assignee are always required.

If a company signature is required, include:

- a company seal and signature OR
- 2 signatures, position(s) and company name

If sole signing authority for the company, this must be printed under the signature.