

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.

Province Signed	Date (DD/MMM/YYYY)	Signature	Print Name
		Policy Owner #1 and Title (if applicable)  X	
		Policy Owner #2 and Title (if applicable)  X	
		Assignee and Title (if applicable)  X	
		Irrevocable/Preferred Beneficiary (if applicable)  X	
		Broker and Code  X	