

Policy Cancellation or Surrender Form

Important Notes:

- Upon cancellation or surrender of your policy, a portion or all the cash value (if any) may be taxed as income, which may increase your taxable income for the year. You should contact a tax expert regarding possible tax consequences before you surrender this policy.
- If this policy has been collaterally assigned obtain a release of assignment, or have the assignee sign this form.
- Cancellation or surrender will terminate all protection provided under your policy(ies) stated below.

Policy Number(s)

Section A - Information about the Policy Owner(s) and Insured(s)

Policy Owner Name #1 (first, middle initial, last or full legal name for a corporation)			
Address (Street, Apt., R.R.)			
City	Prov.	Postal Code	Social Insurance No. - -
Phone Number	Email address		
Policy Owner Name #2 (first, middle initial, last)			
Address (Street, Apt., R.R.)			
City	Prov.	Postal Code	Social Insurance No. - -
Life Insured #1 (if different from the policy owner)			Date of Birth (dd/mmm/yyyy)
Life Insured #2 (if different from the policy owner)			Date of Birth (dd/mmm/yyyy)

I am aware of the taxable gain associated with this transaction and agree to proceed.

Section B - Payment Instructions

- Direct Deposit to Policy Owner's account:**
 Banking Information on file
 Void Cheque/direct deposit form attached
 Issue and Mail Cheque to:
 Policy Owner
 Advisor
 Other (provide name and address below)

Name (first, middle initial, last)			
Address (Street, Apt., R.R.)	City	Prov.	Postal Code

As a result of:

- An internal replacement, apply funds to policy no. _____
 A loan repayment to policy no. _____ with any balance paid to:
 Policy Owner Other (specify) _____

Section C – Signatures

- All persons signing this form have attained the age of majority.
- If there are two or more policy owners, all must sign.
- For a corporately owned policy, signature(s) and title(s) of the signing officer(s) with authority to bind the corporation is required.
- Irrevocable or Preferred beneficiary named on this policy must sign.

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