

Request to Cancel or Surrender Your Policy

Important Notes:

- Please send completed form to BMO Life Assurance Company.
- Upon cancellation or surrender of your policy, a portion or all 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 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 - Policy Information

Policy Owner Name #1 (first, middle initial, last or full legal name for corporation)			
Address (Street, Apt., R.R.)			
City	Prov.	Postal Code	Social Insurance No. - -
Policy Owner Name #2 (first, middle initial, last)			
Address (Street, Apt., R.R.)			
City	Prov.	Postal Code	Social Insurance No. - -
Life Insured #1			Date of Birth (dd/mmm/yyyy)
Life Insured #2			Date of Birth (dd/mmm/yyyy)

Section B - Payment Instructions

Issue to the Policy Owner:

- Paid by Direct Deposit
 Void Cheque Attached
 Banking Information on file

Mail Cheque to:
 Policy Owner
 Advisor
 Other (provide name and address below)

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

As a result of:

- An internal replacement, apply proceeds to policy No. _____
 A loan repayment to policy No. _____ with any balance paid to:
 Policy Owner
 other (specify) _____

Section C – Signatures

- If there are two or more policy owners, all must sign.
- If the owner is a corporation, 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.
- If the policy has been collaterally assigned obtain a release of assignment or have the assignee sign this form.

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