

<input style="width: 95%; height: 20px;" type="text"/> Insured's last name	<input style="width: 95%; height: 20px;" type="text"/> Insured's first name
Date of birth: <input style="width: 150px; height: 20px;" type="text"/>	Application or Contract No.: <input style="width: 150px; height: 20px;" type="text"/>
<div style="display: flex; justify-content: space-between; font-size: small;"> Year Month Day </div>	

I am hereby requesting a preferred rate review with regard to the above-mentioned contract or application.

I certify that, during the 12-month period prior to the date of this request, I did not smoke cigarettes, cigarillos, cigars, a pipe, a bong, a hookah, and I did not use betel nut, snuff or marijuana (cannabis) containing any tobacco or nicotine product or use any other form of tobacco or a substitute such as gum, nicotine patch or electronic cigarette.


I understand that the Insurer may deny this preferred rate request following review of my file.

Warning to the policyholder


This warning applies to you if the benefit change you are requesting results in a premium reduction and if this benefit provides for the reimbursement of premiums in the event of death or the payment of a cash surrender value corresponding to a portion of the premiums paid. If this is the case, be advised that the reimbursement or the payment will be calculated based on the reduced premium resulting from the change, retroactively to the original effective date of the benefit concerned.

Important: Please complete and sign the Declaration of Insurability form, including the medical authorization.

Signed at _____ on this _____ day of _____ 20____ .



 Signature of policyholder 1




 Signature of policyholder 2



 Insured's signature or his or her legal guardian's signature, if the insured is under age 18 in Quebec or under age 16 outside Quebec

 Name of legal guardian signatory (please print)



 Signature of advisor