

Contract number:

I request that the Insurer:

- Cancel all the benefits attached to the above contract and pay out any cash value associated with them
- Cancel only the following benefits attached to the above contract and pay out any cash value associated with them:


1. The \_\_\_\_\_  
benefit on the life of \_\_\_\_\_
2. The \_\_\_\_\_  
benefit on the life of \_\_\_\_\_
3. The \_\_\_\_\_  
benefit on the life of \_\_\_\_\_


Cancel the additional paid-up insurance on the life of \_\_\_\_\_  
and pay out the cash value associated with it.

**Is the cancelled or surrendered contract or benefit being replaced by a new contract or benefit?**  Yes  No

**If so, is this cancellation-surrender conditional on approval of the new application?**  Yes  No

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ .


 \_\_\_\_\_  
Signature of policyholder 1

 \_\_\_\_\_  
Signature of policyholder 2


**CONSENT OF IRREVOCABLE BENEFICIARY (IF APPLICABLE)**

I agree to this cancellation-surrender request by the policyholder.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ .

 \_\_\_\_\_  
Signature of irrevocable beneficiary 1

\_\_\_\_\_  
Name of irrevocable beneficiary 1 (please print)


 \_\_\_\_\_  
Signature of irrevocable beneficiary 2

\_\_\_\_\_  
Name of irrevocable beneficiary 2 (please print)

**CONSENT OF THE CREDITOR HOLDING A SECURITY ON THE CONTRACT (IF APPLICABLE)**

I agree to this cancellation-surrender request by the policyholder and authorize the Insurer to make any payments with respect to the contract to the sole order of the policyholder.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ .

 \_\_\_\_\_  
Signature of the creditor holding a security on the contract or the authorized  
representative of the creditor, if an entity\*

\_\_\_\_\_  
Name of the creditor holding a security on the contract (please print)

\_\_\_\_\_  
Address (No., Street, Apartment, City, Province)

\_\_\_\_\_  
Postal code

\_\_\_\_\_  
Area code Telephone

\* When the creditor is a company or a financial institution, a resolution of the appropriate board of directors must be provided.