


Contract number:

- I request that the Insurer reinstate the above-mentioned contract and agree that this request is conditional on receipt by the Insurer of the duly completed declaration of insurability and on payment of the premiums due.
- I certify that the information provided in these declarations is true.
- I agree that the reinstatement of this contract will not be effective until the date the Insurer confirms its approval of such in writing. In the event the request is declined, any amounts paid to such effect will be refunded.
- I acknowledge that the suicide and incontestability periods will begin anew, effective with the reinstatement date.
- I also agree that in the case of a Critical Illness contract, the 90-day exclusion period for certain illnesses will begin anew, effective with the reinstatement date.

Important: Please complete and sign the Declaration of Insurability form and sign 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)