



## I HEREBY MAKE APPLICATION FOR

A. CASH SURRENDER VALUE ☐

B. PARTIAL WITHDRAWAL ☐

AMOUNT \$	POLICY NO.	INSURED

EXECUTED UNDER SEAL AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

IN THE PRESENCE OF COMPANY REPRESENTATIVE

FULL SIGNATURE OF INSURED IF PRESENT AGE IS 18 OR OLDER

IN THE PRESENCE OF COMPANY REPRESENTATIVE

SIGNATURE OF ORIGINAL BENEFICIARY, IF THE PRESENT AGE OF THE INSURED IS UNDER 18, OR IF THE BENEFICIARY IS THE WIFE OR HUSBAND OF INSURED.

WITNESS

ASSIGNEE

AGENCY NO.	AGENT NO.	DATE OF ISSUE DD/MM/YYYY
AMOUNT OF INSURANCE	PLAN CODE	
BENEFICIARY NAME	RELATIONSHIP	
SIGNATURE OF MANAGER		

REASON FOR SURRENDER:

## HOME OFFICE USE ONLY

CHECK: REINSURANCE: YES <input type="checkbox"/> NO <input type="checkbox"/>	PREVIOUS INFO:		
AMOUNT CEDED FOR	LIFE:	ADB:	P.W.:
ACCUMULATED VALUE:	LESS SURRENDER CHARGE:		
AMOUNT OF CHEQUE: \$	RETURNED CHEQUES YES ( ) NO ( )		
AMOUNT OF WITHDRAWAL:	LESS WITHDRAWAL FEE:		
AMOUNT OF CHEQUE:	POLICY YEAR		
METHOD OF PAYMENT:	PROCESSED BY:		
CHEQUE NO.	CHECKED BY:		
DATE:			