



PACIFIC™ www.iaplif.com

# Surrender Individual Life Insurance

# F6AP

Loan, Dividends, Partial Withdrawal: see overleaf

Agency	Code	Agent	Code	S.U.	Reserved for Agency Sent:	Reserved for H.O. Received:
Policy No.		Last name and first name of policyowner				

**Caution: Corrected or altered forms will not be accepted. Signatures are required in each section completed.**

### • Policyowner's address (to be completed in all cases)

The address remains unchanged

No. Street Apartment PO Box

City Province Postal code Social Insurance No.

E-mail address Tel.: Home ( ) - Work ( ) -

### 1 • SURRENDER REQUEST

➔ The policy is  attached  destroyed  lost

- ➔ The irrevocable beneficiary's signature is required.
- ➔ If the contract has been transferred as security, please obtain a release of assignment or the financial institution's seal.
- ➔ If the policyowner is a company or corporation, obtain the signature of an authorized representative.

I hereby request the cancellation of this contract and the payment of its surrender value if such value is payable.

This surrender request is conditional on the acceptance of  application no. \_\_\_\_\_

➔ Attach this request to the application or request for change. or  request for change no. \_\_\_\_\_

I hereby request a transfer  of this total amount

or  of \$ \_\_\_\_\_ to policy or application no. \_\_\_\_\_

The balance of the surrender value, if applicable, must be paid to me.

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

**X** Agent - witness

**X** Irrevocable beneficiary

**X** Policyowner

**X** Policyowner

### • Special instructions

\_\_\_\_\_

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

Agent - witness **X**

Policyowner **X**

Policyowner **X**

### • Reserved for Head Office

➔ Contract no. accepted \_\_\_\_\_ Effective date \_\_\_\_\_

Please obtain the signature of \_\_\_\_\_

➔ If the policyowner is deceased, attach proof of death, will and marriage contract.

This contract has been terminated since \_\_\_\_\_

Please obtain \_\_\_\_\_ for  non payment of premiums

\_\_\_\_\_  depletion of value

By \_\_\_\_\_ Date \_\_\_\_\_  surrender

A cheque for \$ \_\_\_\_\_  has been sent to the policyowner  is attached  has been sent to the agent

The amount of \$ \_\_\_\_\_ has been applied to contract(s) \_\_\_\_\_

The client will be entitled to a reimbursement of \$ \_\_\_\_\_ for the cheque dated \_\_\_\_\_ in the next 30 days.

By \_\_\_\_\_ Date \_\_\_\_\_



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					Sent:	Received:

Policy No. \_\_\_\_\_ Last name and first name of policyowner \_\_\_\_\_

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No. \_\_\_\_\_ Street \_\_\_\_\_ Apartment \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_ Social Insurance No. \_\_\_\_\_

E-mail address \_\_\_\_\_ Tel.: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

**2 • REQUEST FOR POLICY LOAN, DIVIDENDS OR PARTIAL WITHDRAWAL** ➡ Do not attach the policy.

I hereby request  a policy loan  maximum  of \$ \_\_\_\_\_

the withdrawal of my accumulated dividends  total  of \$ \_\_\_\_\_

a partial withdrawal (U.L.)  maximum  of \$ \_\_\_\_\_

the withdrawal of future premiums on deposit (FPD)  total  of \$ \_\_\_\_\_

the withdrawal of the daily interest on deposit (DID)  total  of \$ \_\_\_\_\_

I hereby request a transfer  of this total amount \_\_\_\_\_ to contract or application no. \_\_\_\_\_

or  of \$ \_\_\_\_\_

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

**X** \_\_\_\_\_ **X** \_\_\_\_\_ **X** \_\_\_\_\_

Agent - witness Irrevocable beneficiary Policyowner

**X** \_\_\_\_\_

Policyowner

**• Special instructions**

\_\_\_\_\_

\_\_\_\_\_

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

Agent - witness **X** \_\_\_\_\_ Policyowner **X** \_\_\_\_\_

Policyowner **X** \_\_\_\_\_

**• Reserved for Head Office** ➡ Contract no. accepted \_\_\_\_\_ Effective date \_\_\_\_\_

Please obtain the signature of \_\_\_\_\_  This contract has been terminated since \_\_\_\_\_

➡ If the policyowner is deceased, attach proof of death, will and marriage contract.

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