

Request for cancellation of corporate life Insurance Policy

Section 1 - Identification

Policy number : _____ Name of insured(s) under the policy: _____

Please indicate below the full name of the corporation or legal entity:

Please attach the contract to this form. If you are unable to do so, please provide an explanation or reason: _____

Section 2 – Instruction and Acknowledgement

I, the undersigned as duly authorized representative of the Corporation or legal entity which occurs the policy, request cancellation of the above-mentioned policy. I acknowledge and understand that cancellation of this policy will result in the automatic cancellation of any rider attached to this policy, unless otherwise specified in the contract. I acknowledge and understand that the policy cancellation will be effective on the date this form is received at Assumption Life by mail at its head office located at 770 Main Street/P.O. Box 160, Moncton NB E1C 8L1 or by fax at 855-230-2500. It is agreed that upon payment of the cash surrender value, all liability of the Company under this policy shall be fully discharged. A cancellation fee of \$20 will be deducted from the proceeds.

Please note that this policy is assigned to: _____

*Person 1 authorized to sign for the corporation or legal entity specified in section 1 of this form	Date	Signature of witness
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Title		Address of witness: _____ _____ _____
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*Person 2 authorized to sign for the corporation or legal entity specified in section 1 of this form	Date	Signature of witness
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Title		Address of witness: _____ _____ _____
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Important – Please affix your corporate seal to this request. In the absence of a corporate seal and if you are the only authorized signing officer, initial the following box.

* By signing, we confirm being authorized to act and to sign on behalf of the corporation or legal entity.