

Request for cancellation of personal life Insurance Policy

Section 1 - Identification

Policy number : _____ Name of insured(s) : _____

Name of 1st Owner of the policy : _____ Name of 2nd Owner of the policy (if applicable) : _____

First Name First Name

Address : _____ Address : _____

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, 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.

S.I.N. (Canada) or S.S.N. (U.S.)

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Required by tax authorities if the contract generates interest income or a taxable

Please note that this policy is assigned to: _____

Signature of owner 1 _____ Date _____ Signature of witness _____

Address of witness: _____

Signature of owner 2 (if applicable) _____ Date _____ Signature of witness _____

Address of witness: _____

*Signature of irrevocable beneficiary 1 (if applicable) _____ Date _____ Signature of witness _____

Address of witness: _____

*Signature of irrevocable beneficiary 2 (if applicable) _____ Date _____ Signature of witness _____

Address of witness: _____

*By signing, the irrevocable beneficiary consents to the cancellation of the insurance policy described in section 1.