Assumption Life

Reset

Request for Cancellation of a Personal Life Insurance Policy

Identification

Name of Insured: _____ Policy number: _____

_____ Telephone: _____

Name of 1st Owner of the Policy:

_____

First name Last name

Address: _____

_____

_____

Name of 2nd Owner of the Policy (if applicable):

_____

First name Last name

Address: _____

_____

_____

Instructions

Payment Instructions

☐ Cheque by mail

☐ Direct deposit

☐ Please note that this Policy is assigned to: _____

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

_____

_____

Signatures

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 Assumption Life 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.)

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

_____	_____	_____
Signature of Owner 1	Date (DD/MM/YYYY)	Witness (18 years or over)
_____	_____	_____
Signature of Owner 2 (if applicable)	Date (DD/MM/YYYY)	Witness (18 years or over)
_____	_____	_____
*Signature of existing Beneficiary(ies), if named irrevocable	Date (DD/MM/YYYY)	Witness (18 years or over)

*By signing, the irrevocable Beneficiary consents to the cancellation of the insurance Policy.

Mailing Instructions

Please send your duly completed and signed form using one of the following methods:

By mail
770 Main St. / P.O. Box 160, Moncton NB E1C 8L1

By email
client.services@assumption.ca

By fax
855-230-2500

Assumption Mutual Life Insurance Company, doing business under the name Assumption Life
770 Main St., P.O. Box 160, Moncton NB E1C 8L1 Tel. 506-853-6040/1-800-455-7337 Fax 855-230-2500 client.services@assumption.ca