

POLICY N°

OWNER(S)	INSURED(S)
NAME	NAME <i>If different from the owner</i>
NAME	NAME <i>If different from the owner</i>
ADDRESS	
PHONE NUMBER	

REQUEST

☐ A. CASH VALUE

I (we), hereby(ies), surrender to the Company the above contract and ask the cash value in conformity with the above contract dispositions. I (we) acknowledge that the contract will be voided following the signature of this request.

☐ B. REDUCED PAID UP INSURANCE

I (we), hereby(ies), ask the Company, to issue a reduced paid-up contract in conformity with the above contract dispositions.

☐ C. LOAN

I (we), hereby(ies), ask for a loan of \$ _____ in conformity with the above contract dispositions. I (we) agree that the amount of this loan, in all or in part, be reimbursed to the Company who will not have to accept reimbursement of amounts less than \$10.

☐ D. PARTIAL WITHDRAWAL

I (we), hereby(ies), ask for a partial withdrawal of \$ _____ which will be taken from the investment account(s) of the policy.

I (we) choose one of the two following options:

- ☐ the split of the Investment accounts of the policy ;
☐ the split below.

INVESTMENT ACCOUNTS	IN PERCENTAGE OR VALUE

I (we) understand that this partial withdrawal is a part of the cash value in conformity with the above contract dispositions.

Return this document with the INSURANCE CONTRACT

I (we) present to the Company this written request (please check the desired options). I (we) acknowledge that in the case of option A or B, the Company's responsibility is only limited to the payment of the cash value if the death, dismemberment or disability of the insured person occurs following the signature of this request.

SIGNED AT	DATE
SIGNATURE OF THE WITNESS	SIGNATURE OF THE OWNER(S)
SIGNATURE OF THE WITNESS	SIGNATURE OF THE OWNER (JOINT CONTRACT)
THE BENEFICIARY(IES) AGREE(S) TO THIS REQUEST AND DECLARE(S) HAVING THE CAPACITY TO GIVE THIS CONSENT.	
SIGNATURE OF THE WITNESS	SIGNATURE OF THE IRREVOCABLE BENEFICIARY(IES)

CONSENT OF THE ASSIGNEE(IES) (Only if the contract is mortgaged or assigned)

I (we) consent, in the name of (name of assignee(ies)): _____
to the following changes, all subject to the rights we have as assignee of the contract.

DATE	SIGNATURE OF WITNESS	SIGNATURE OF THE AUTHORIZED PERSON
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