La Capitale

INDIVIDUAL INSURANCE EXCHANGE

Insured's last name

Insured's first name

Contract No.:

☐ I wish to cancel the insured amount that was not exchanged.

☐ I wish to maintain the insured amount that was not exchanged.

Signed at _____ on this _____ day of _____ 20 _____ .

Signature of policyholder 1

Signature of policyholder 2

CONSENT OF IRREVOCABLE BENEFICIARY (IF APPLICABLE)

I consent to the policyholder's request to exchange individual insurance.

Signed at _____ on this _____ day of _____ 20 _____ .

Signature of irrevocable beneficiary 1

Name of irrevocable beneficiary 1 (please print)

Signature of irrevocable beneficiary 2

Name of irrevocable beneficiary 2 (please print)

La Capitale Civil Service Insurer Inc. (the Insurer)
625 Jacques-Parizeau St, Quebec QC G1R 2G5

IND231E (02-2020)