

Policy Service Request

Name of Owner(s): _____ Policy number: _____
 Name of Insured: _____ Telephone: _____

A – Change of personal information

Please provide a copy of the driver's licence, passport, birth certificate or marriage certificate.

Change the name of the Owner Beneficiary Insured to: _____
 Change my address to: _____

B– Assignment

Assign the policy for collateral purposes to (Assignee's full name): _____

Address: _____
P.O. Box No. & Street Apt. No. City/Town Province/Territory Postal Code

Amount: \$ _____

This assignment does not terminate the existing Beneficiary Designation. The Assignee shall be included as a joint payee on the payment of any policy proceeds. The interest of the Assignee is limited to the amount required to satisfy the Owner's obligation to him. The Assignee shall have the right to surrender or borrow on the Policy without the consent of the Owner or the Beneficiary.

C – Cancellation

Cancellation of Rider or benefit: _____ **Payment instructions**
 Cancellation of Policy Cheque by mail
 Is this cancellation the result of a replacement of an existing individual insurance? Direct deposit
 No Yes If yes, please indicate the Policy number: _____

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.

D – Withdrawal

Partial withdrawal – Universal Life policies only **Payment instructions**
 Withdrawal of dividends Cheque by mail
 \$ _____ or the maximum amount available, if less Direct deposit
 Maximum available
 Cash surrender value of paid-up additions

E – Paid-up insurance / Extended term

Reduced paid-up insurance
 Extended term insurance

F – Other changes

Change the method of payment to: Annual Semi-annual Quarterly Preauthorized debit
[Please complete form 4791-00A Preauthorized Debit (PAD) Agreement]
 Change the dividend option to: Cash Premium reduction Accumulation Loan reduction
 For the 2 following options, a Declaration of Insurability is required: One-year term Paid-up additions
 Other changes or information: _____

Signatures

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

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

I, the undersigned, hereby declare that all the information provided herein is truthfully given to the best of my knowledge and I authorize Assumption Life to make the requested changes.

Signature of Owner(s) _____ Date (DD/MM/YYYY) _____ *Title _____ Witness (18 years or over) _____

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

*If the Owner is a body corporate (corporation, association, etc.), the signature and title of the authorized individuals is required.