

CASH VALUE REQUEST

Policy Number : _____ Policy Owner : _____

Deposit or
Cert. Number : _____ Date of Birth (owner): _____

Life Insured : _____ Social Insurance
Number (owner): _____

<input type="checkbox"/> Life Insurance <input type="checkbox"/> Uniflex (Guaranteed Investment Contract) <input type="checkbox"/> Uniflex (DIA)	<input type="checkbox"/> Universal Life <input type="checkbox"/> Mercury Funds <input type="checkbox"/> Other _____
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Total Cash Value ☐ Or Partial Withdrawal of \$ Gross ☐ Or Net ☐

CHOICE OF MERCURY FUNDS WITHDRAWAL	\$ OR % OR NUMBER OF UNITS	CHOICE OF MERCURY FUNDS WITHDRAWAL	\$ OR % OR NUMBER OF UNITS
Canadian Equity Index 60		High Technology Equity Index 100	
Canadian Bond Index SU		Municipal	
U.S. Equity Index 500		Real Return Bond	
Global Equity Index MSW		Zero coupon	

I request the payment of the cash value to be paid to me in accordance with my policy provisions. In the case of the surrendering of a life insurance, I understand that this transaction puts an end to my protection. Also, I was informed of the surrender penalties if the withdrawal is done before the payment date.

- ☐ Paid by direct deposit (enclose cheque specimen)
- ☐ Applied as payment on insurance proposal number _____
- ☐ Applied to premium payment on policy number _____
- ☐ Used as fund transfer on Uniflex number _____

Notes: _____

Signed at _____ this _____ day of _____ 20 _____

Witness

Policy Owner Signature

Irrevocable beneficiary signature *

* If the designated beneficiary on this policy is irrevocable, the signature is required in order to proceed with this cash value request.