

Request for Cancellation of a Personal Life Insurance Policy			
Identification			
Name of Insured:			Policy number:
		·	Telephone:
ne of 1 <sup>st</sup> Owner of the Policy:		Name of 2 <sup>nd</sup> Owner of the Policy (if applicable):	
First name Last nam	ne	First name	Last name
Address:		Address:	
	Instru	uctions	
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			
automatic cancellation of any Rider attached t cancellation will be effective on the date this f	to this Policy, unless otherw form is received at Assumpt It is agreed that, upon paym 0 will be deducted from the p	rise specified in the contr tion Life by mail at its he tent of the cash surrender	and that cancellation of this Policy will result in the ract. I acknowledge and understand that the Policy and office located at 770 Main Street/P.O. Box 160, value, all liability of Assumption Life under this Policy
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 name	ed 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			

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