



REQUEST FOR TERMINATION

Before You Sign...Consider These Facts

1. Your life insurance policy is a valuable asset and an important part of your future economic security.
2. Your completion of this form will result in a loss of this asset and the economic security that this policy provides for you and your dependents, as well as tax consequences.
3. If you need cash – our loan option may help you (if available).
4. If your plan no longer suits your needs – we can suggest changes that will be of real benefit to you. We may be able to increase your benefits and/or decrease your premiums.
5. If there is an assignee, signature is required and additional documentation will be provided by Equitable.
6. Submit this completed form to inforcelifemail@equitable.ca.

Request for Termination (Direction and Release)

Policy number:	Policy owner:	Joint policy owner:
Phone number:	Email address:	

If at the time of termination there is any refund or monies owed to me, I direct that you:

Direct Deposit to my bank account:

- Void cheque attached
 Account on file

Note: Deposits can only be made to the policy owner's bank account.

- Mail cheque to policy owner address on file. If address has changed provide new address:

I, the Owner named in the policy have considered carefully the above facts, understand fully the benefit I can secure in adjusting rather than surrendering this policy and contract and now instruct The Equitable Life Insurance Company of Canada (the "Company") to terminate the policy and pay the present cash value as directed below. I fully understand that I have no further protection or benefits under the policy, and release and discharge the "Company" from all claims and demands with respect to the policy.

The preferred or irrevocable beneficiary under the policy hereby consent and agree to this termination of the policy and the payment of the cash value as directed above and fully understand that they have no further protection or benefits under the policy, and certify they are over the age of majority.

Signature of policy owner or signing officer	Signature of joint policy owner or signing officer	Date
*Owner Social Insurance No.	*Joint Owner Social Insurance No.	
Signature of Assignee(s)	Signature of beneficiary(ies) (if preferred or irrevocable)	Date

*In accordance with Section 237 of the Income Tax Act, we are now required to submit a S.I.N. on all tax forms. Failure to supply a S.I.N. may result in a \$100.00 penalty payable by you according to Section 162 (5), (6) & (7).