



TERMINATION FOR INTERNAL REPLACEMENT

Use this form to surrender your Equitable® policy or a coverage under your policy, and replace it with a new Equitable policy or a new coverage under your policy.

We will terminate the policies and coverages that you are surrendering when we receive this completed form. Do not submit this form to us until your new policy or new coverage is issued by Equitable.

To qualify for a refund of overlapping premiums we must receive this form within 30 days of the issue date of the new policy or new coverage.

Note: if the surrender results in a policy cash value payment, it may be taxable income and a tax reporting slip issued.

General Information	
Name of Policy Owner (First, middle initial, last or full name or legal entity)	Email Address
Name of Joint Policy Owner (First, middle initial, last or full name or legal entity)	Email Address
New Policy number or existing Policy number if a new coverage	Issue Date (dd/mm/yyyy)

Policy or Coverage to be surrendered	
<input type="checkbox"/> Policy Is enclosed <input type="checkbox"/> Policy has been lost, misplaced or stolen	
Existing Policy Number _____	<input type="checkbox"/> Surrender Policy <input type="checkbox"/> Surrender Coverage Only - Coverage to be surrendered: _____
Existing Policy Number _____	<input type="checkbox"/> Surrender Policy <input type="checkbox"/> Surrender Coverage Only - Coverage to be surrendered: _____
Existing Policy Number _____	<input type="checkbox"/> Surrender Policy <input type="checkbox"/> Surrender Coverage Only - Coverage to be surrendered: _____



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Policy or Coverage to be surrendered

Any money payable resulting from the surrender will be paid based on your instructions below. This payment, if any, settles all claims and demands and releases and fully discharges Equitable from all liability associated with the surrendered policies and coverages. **Upon surrender, the surrendered policies and surrendered coverages are terminated and their insurance is no longer in effect.**

By direct deposit

- Use Banking Information on File
(only available if information on file is for the existing Policy Owner)
- Use Void Cheque Attached
(account must be in the name of the existing Policy Owner)

By cheque

- Payable to Policy Owner

Apply Funds to Equitable
Policy number:

- To reduce an existing loan
- To pay monthly premiums for maximum of 2 months -
balance refunded to existing Policy Owner
- To apply toward Annual Premiums - Policy Owner must submit balance
of Annual Premiums (if applicable)
- Lump Sum Deposit (applicable to Universal Life policy only)

Signatures and Authorizations

All owners of the policy to be surrendered or owners of the policy with coverages to be surrendered must sign this form.

By signing below you confirm that you have chosen to replace an existing policy with a new policy or replace a coverage on your existing policy with a new coverage that Equitable has recently issued to you. Upon surrender, the surrendered policies and surrendered coverages are terminated and their insurance is no longer in effect.

Signed at (City/Town)

(Province)

Signature of Policy Owner

Date (dd/mm/yyyy)

Signature of Joint Policy Owner

Date (dd/mm/yyyy)

Signature of collateral assignee

Date (dd/mm/yyyy)

Signature irrevocable beneficiary (if applicable)

Date (dd/mm/yyyy)

Irrevocable Beneficiaries on a policy must sign to show their consent to the surrender

Please note: Equitable cannot ensure the privacy and confidentiality of any information sent through the internet because e-mail may be vulnerable to interception. As a result, Equitable is not responsible for any loss or damages you may incur if your information is intercepted and misused. If you would prefer to submit your information by another means, please contact us at 1.800.722.6615.