



REQUEST FOR A REPLACEMENT POLICY FOR A LOST POLICY

I/We _____ am/are the policy owner(s) of
the Equitable® Policy number _____.

I/We declare that the Policy contract has been lost and is no longer in my/our possession.

I/We request the Company provide me/us with a replacement policy.

I/We will pay Equitable the applicable administration fee set out below for providing me/us with the replacement policy.
If I/We request only a summary of the Policy, there will be no administration fee.

I/We agree that should I/we find the original Policy, I/we will immediately return the replacement Policy to the Company.
Below is my/our mailing address to be used for delivery of the replacement Policy:

Address _____

City _____ Province _____ Postal code _____

Policy owner signature: _____

Policy owner name: _____

Policy owner signature: _____

Policy owner name: _____

Date: _____

Substantial copy – \$50.00

Policy summary – No charge

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.