



## TERMINATION FOR INTERNAL REPLACEMENT

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

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	
<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Name of Policy Owner #1 (First, middle initial, last or full name or legal entity)	
<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Name of Policy Owner #2 (First, middle initial, last or full name or legal entity)	
<div style="border: 1px solid black; height: 20px; width: 25%; margin-bottom: 5px;"></div> New Policy number or existing Policy number if a new coverage	<div style="border: 1px solid black; height: 20px; width: 60%; margin-bottom: 5px;"></div> 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	
<div style="border: 1px solid black; height: 20px; width: 25%; margin-bottom: 5px;"></div> Existing Policy Number	<input type="checkbox"/> Surrender Policy <input type="checkbox"/> Surrender Coverage Only - Coverage to be surrendered: _____
<div style="border: 1px solid black; height: 20px; width: 25%; margin-bottom: 5px;"></div> Existing Policy Number	<input type="checkbox"/> Surrender Policy <input type="checkbox"/> Surrender Coverage Only - Coverage to be surrendered: _____
<div style="border: 1px solid black; height: 20px; width: 25%; margin-bottom: 5px;"></div> 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 Life of Canada 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 Life 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 #1

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Signature of Policy Owner #2

\_\_\_\_\_  
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 Life 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 Life 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.