



ADVISOR'S REQUEST TO RESERVE CAPACITY

Date: _____

Name of proposed life insured: _____

Date of Birth of proposed life insured: _____ Sex of proposed life insured: _____

Policy owner name: _____

Proposed plan/product: _____

Face Amount requested: _____

Total amount of life insurance **in force** with all companies: _____Total amount of life insurance **pending** with all companies: _____Total amount of life insurance **to place** with all companies: _____

Other information:

Please ensure the above information is complete and accurate.

Advisor Name: _____

MGA: _____

RSM: _____

Please return completed form to the Large Case Manager at: largecasemanager@equitable.ca

We will advise you of the available capacity. Reservation of capacity is not confirmation that a policy will be issued.
The application will be subject to underwriting.

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