



ADVISOR'S REQUEST TO RESERVE CAPACITY

Date: \_\_\_\_\_

Name of proposed life insured: \_\_\_\_\_

Date of Birth of proposed life insured: \_\_\_\_\_ Gender 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](mailto: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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