APPLICATION FOR ALTERNATIVE PREMIUM PAYMENT(S)

Owner Name (first, middle, last)

Address (number, street name)	City	Province	Postal code

☐ PAYMENT OF PREMIUMS FROM INVESTMENT RIDER/INVESTMENT POLICY

I, the undersigned, owner of Policy Number _____ issued by The Empire Life Insurance Company, hereby request that the said Company periodically surrender part of this policy for a term and value as described below while there is sufficient value to the credit of this policy to meet the required payment, or, until this request is withdrawn by written notice, if earlier. Such notice must be received at the Head Office of the Company at least 30 days prior to the due date of the next payment.

AMOUNT: ☐ $ _____

☐ Sufficient amount to pay annual premium(s) due on the policy identified below.

FUNDS TO BE WITHDRAWN FROM: _____ (if more than 1 fund in policy)
(option)

APPLY TO POLICY: _____

FREQUENCY: On _____ and every year thereafter.
(DD/MMM/YY)

☐ PAYMENT OF PREMIUM IN DEFAULT

Providing the premium on Policy Number _____ is in default and all other values in the policy have been applied, this authorization is for the withdrawal of funds, if available, from my investment rider or fund on this policy to prevent my policy from lapsing. It is understood that withdrawals will only be made where there is sufficient available to pay the balance of the annual premium and that subsequent withdrawals, if required, will be made only if there is sufficient available to pay a full annual premium.

Dated at _____ this _____ day of _____, 20___.

_____
Signature of Owner

_____
Signature of Beneficiary (if irrevocable or Preferred)

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