

# FINANCIAL CHANGES REQUEST FOR LIFE AND HEALTH POLICIES

Throughout this form, "Empire Life" means The Empire Life Insurance Company.

## Important Information for completing this form:

- Upon receipt of a complete surrender request, the policy will be terminated and Empire Life will be discharged from any responsibility and obligation regarding this policy, including the amount or value of any Segregated Fund units withdrawn.
- If there is an assignee or irrevocable/preferred beneficiary on the policy, the cheque will be made payable jointly to the Owner and assignee/irrevocable/preferred beneficiary whose names appear in the policy file maintained by Empire Life, unless specified otherwise in the Special Instruction section.
- The Cash Loan Agreement is only required for loan amounts of \$5,000 or more. A policy loan can only be taken on a non-registered policy.
- The signature of the Owner(s), assignee(s) and irrevocable/preferred beneficiary(ies) are required for all financial changes.
- If a company signature is required, include a company seal and signature OR 2 signatures, position(s) and company name. If sole signing authority for the company, this must be selected in the signature section.

1.0 Policy number(s)			
Policy Owner first name		Middle initial	Last name
Address (number, street name)		City	
Province	Postal code	Preferred contact number - <input type="radio"/> home <input type="radio"/> cell <input type="radio"/> work	

### If you reside outside of Canada, complete the following:

#### Where do you reside for tax purposes? (check all that apply)

- Canada  U.S. (resident or citizen) – Tax Identification Number (TIN) \_\_\_\_\_  
 If you do not have a TIN from the U.S. have you applied for one?  yes  no
- Other – specify country \_\_\_\_\_ TIN \_\_\_\_\_

#### If you do not have a TIN, specify the reason:

- I will apply or have applied for a TIN but have not yet received it.  
 My jurisdiction of tax residence does not issue TINs to its residents.  
 Other – specify reason \_\_\_\_\_

**Note: you must provide a photocopy of a government issued document to verify your residency status. If owner/joint owner is a corporation or other entity, complete form C-0044.**

2.0 Request for Surrender	<input type="radio"/> send proceeds to the policy Owner	<input type="radio"/> send proceeds to the Advisor
<input type="radio"/> <b>Complete termination of policy including any surrender value</b> <input type="radio"/> Policy has been returned <b>or</b> <input type="radio"/> I declare that the policy has been lost, mislaid or destroyed.		
<input type="radio"/> <b>Complete withdrawal of investment rider</b> <input type="radio"/> Rider to remain premium paying <b>or</b> <input type="radio"/> Rider to be changed to paid up (not applicable for Universal Life)		
<input type="radio"/> <b>Partial withdrawal of investment rider in the amount of \$ _____</b> <input type="radio"/> net <input type="radio"/> gross <input type="radio"/> <b>I understand that a partial withdrawal from a Policy with a Level Death Benefit will result in a reduction in the face amount of insurance by the amount of the surrender.</b>		
<input type="radio"/> <b>Use the policy proceeds as follows:</b>		
<input type="radio"/> pay the premium on policy(ies)	_____	
<input type="radio"/> toward the loan on policy(ies)	_____	
<input type="radio"/> make an additional deposit on policy(ies)	_____	
<input type="radio"/> toward Empire Life application number	_____	
Note: the surrender will not be processed until the new policy is issued.		

### 3.0 Cash Loan Agreement

The loan under the terms of the "Cash Loan" provision is subject to the terms and conditions governing the policy, the loan being equivalent to \$ \_\_\_\_\_ or the current loan value of the policy, whichever is less.

### 4.0 Withdrawal of Dividend Value

- Withdraw \$ \_\_\_\_\_ in cash
- Withdraw \$ \_\_\_\_\_ to pay loan on policy(ies) | | | | | | | | | |
- Withdraw \$ \_\_\_\_\_ to pay premium(s) due on policy(ies) | | | | | | | | | |
- I understand that surrender of Paid Up Addition values will affect the death benefit.

### 5.0 Special Instructions

### 6.0 Acknowledgement, Authorization and Consent

I understand and agree that:

- the requests made on this form will be processed subject to Empire Life administrative rules and procedures as well as the terms and conditions of the policy; and
- any deposits or withdrawals made to/from policies are the responsibility of the Owner.

**A photocopy or image of the signed Acknowledgement, Authorization and Consent will be as valid as the original.**

**Signature of Owner** (or first authorized signature for a corporate owner)

**X**

Owner first name 	Last name 	Title if signing for a corporation 
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**Signature of Owner 2** (for corporate or joint Owner) **OR**  Only one signing authority to bind corporation/entity

**X**

Owner first name 	Last name 	Title if signing for a corporation 
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**The undersigned irrevocable beneficiary(ies)/assignee(s) hereby consent to the above financial changes and acknowledge that they may affect the benefits under this policy.**

**Signature of irrevocable beneficiary(ies)** (if applicable)

**X**

**Signature of assignee(s)** (if applicable)

**X**

Signed at (city and province) 	Date   d   d   -   m   m   -   y   y   y   y
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