



**REQUEST FOR ACCUMULATED DIVIDENDS**

**Policy Number:** \_\_\_\_\_

**Life Insured Name:** \_\_\_\_\_

**Policy Owner:** \_\_\_\_\_

**Social Insurance Number (owner):** \_\_\_\_\_

**Date of Birth (owner):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Issue Date:** \_\_\_\_\_

I hereby request cash payment of accumulated dividends on the above-mentioned policy.

I hereby request to apply accumulated dividends against payment of policy number: \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.

I hereby request to apply accumulated dividends against the reimbursement of my policy loan for policy number: \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
**WITNESS**

\_\_\_\_\_  
**POLICY OWNER SIGNATURE**

**IRREVOCABLE BENEFICIARY SIGNATURE \***

\* If the designated beneficiary on this policy is Irrevocable, the signature is required in order to proceed with this request for accumulated dividends