



AGREEMENT ON INTEREST RATE GUARANTEE
(RENEWAL OF GURANTEED DEPOSITS ON MATURITY)

Name and First Name of the Policy Owner _____

Policy

Renewal Date |D| |D| |M| |M| |Y| |Y| |Y| |Y|

Invested Amount (minimum \$1,000) \$ _____

I hereby request **UL Mutual** to reinvest the invested amount mentioned above, including interests credited on expiry date, for _____ years and to guarantee the interest rate of _____ %.

- Compound Simple

Interest credited on the reinvested amount will be calculated based on the interest rate and investment term mentioned above. All the other provisions of the contract remain unchanged and apply to the reinvested amount.

I understand and agree that this agreement is irrevocable and guarantees the interest rate applicable at the time of signature of this agreement and I give instruction to **UL Mutual** to renew the contract according to these terms and conditions.

UL Mutual reserves the right to cancel this agreement if it is not received by fax at its Head Office the working day next following the date of its signature by the owner of the contract.

X _____
POLICY OWNER SIGNATURE

DATE

X _____
FINANCIAL ADVISOR SIGNATURE

Name of the Financial Advisor: _____

No agreement of rate guarantee may be presented **more than 28 days before renewal date.**

UL MUTUAL

Date Agreement Received: _____ / _____ / _____
Day Month Year

- Accepted
 Declined Date Agreement Received
 Date Funds Received

_____ / _____ / _____
Day Month Year

By: _____ this : _____ / _____ / _____
Day Month Year