



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 payment of accumulated dividends on the above-mentioned policy by direct deposit (enclose cheque specimen).
- 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