

## CASH VALUE REQUEST

Policy Number : \_\_\_\_\_ Policy Owner : \_\_\_\_\_

Deposit or Cert. Number : \_\_\_\_\_ Date of Birth (owner): \_\_\_\_\_

Life Insured : \_\_\_\_\_ Social Insurance Number (owner): \_\_\_\_\_

<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Universal Life
<input type="checkbox"/> Uniflex (Guaranteed Investment Contract)	<input type="checkbox"/> Mercury Funds
<input type="checkbox"/> Uniflex (DIA)	<input type="checkbox"/> Other _____

Total Cash Value  Or Partial Withdrawal of  \$ Gross  Or Net

CHOICE OF MERCURY FUNDS WITHDRAWAL	\$ OR % OR NUMBER OF UNITS	CHOICE OF MERCURY FUNDS WITHDRAWAL	\$ OR % OR NUMBER OF UNITS
Canadian Equity Index 60		High Technology Equity Index 100	
Canadian Bond Index SU		Municipal	
U.S. Equity Index 500		Real Return Bond	
Global Equity Index MSW		Zero coupon	

***I request the payment of the cash value to be paid to me in accordance with my policy provisions. In the case of the surrendering of a life insurance, I understand that this transaction puts an end to my protection. Also, I was informed of the surrender penalties if the withdrawal is done before the payment date.***

- Paid by direct deposit (enclose cheque specimen)
- Applied as payment on insurance proposal number \_\_\_\_\_
- Applied to premium payment on policy number \_\_\_\_\_
- Used as fund transfer on Uniflex number \_\_\_\_\_

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_

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 cash value request.