

DATE OF REQUEST: _____ DD/MM/YYYY LIFE INSURED(S): _____ (If change of name, show old name here and complete request No. 8) POLICY NUMBER(S): _____

OWNER(S): _____ TYPE OF PLAN: _____ POLICY NUMBER(S): _____

ADDRESS OF OWNER: _____ S. I. N.
(For identification and tax reporting purposes only)

1. **DECREASE: SUM INSURED/FACE AMOUNT**

On the Life of _____ From \$ _____ To \$ _____

On the Life of _____ From \$ _____ To \$ _____

On the Life of _____ From \$ _____ To \$ _____

Change billing amount to: _____

NOTE: Surrender charges may apply

2. **CANCEL THE FOLLOWING RIDERS:**

Cancel _____ rider, on the Life of _____

Cancel _____ rider, on the Life of _____

Change billing amount to: _____

NOTE: Surrender charges may apply

3. **I ELECT TO WITHDRAW DIVIDEND ACCUMULATIONS and/or SURRENDER PAID-UP ADDITIONS**

Pay to owner Pay premiums due _____

Reduce or repay loan Other (Specify) _____

4. **I REQUEST A SURRENDER IN ACCORDANCE WITH THE POLICY PROVISION**

I elect a partial surrender of \$ _____ NET GROSS

Maximum partial surrender

Maximum surrender less balance of cost of insurance charges based on billing mode

I elect a full surrender

10% free partial surrender (refer to Cost and Provisions)

Money is to be withdrawn from REGISTERED NON-REGISTERED

(i) Upon payment of a partial surrender amount under the policy, Transamerica Life Canada (Transamerica) shall have no further liability with respect to the amount so paid; and

(ii) Upon payment of the full surrender amount under the policy, Transamerica will be discharged from all of its obligations and liabilities under the policy and all related documents. The policy is hereby discharged and terminated.

Each of the undersigned declares that no proceedings in bankruptcy are pending against him/her/it and that his/her/its property is not subject to any assignment for the benefit of creditors, to any lien and that the policy is free of encumbrances, except as follows: *(Write "none" if that is the case. If any exceptions are noted below, the appropriate consent(s) and/or release(s) must be submitted together with your request.)*

If the policy is currently assigned, the request must be signed by the assignee or accompanied by a release of assignment in the form acceptable to Transamerica. If the request is made by the owner's personal representative, the request must be accompanied by a notarial copy of a court order authorizing same.

5. **I REQUEST A LOAN IN ACCORDANCE WITH THE POLICY PROVISIONS:**

Loan of \$ _____

Maximum loan available ILS Maximum loan

NOTE: Fund Transfer form will be required if money is in fund(s) where loan is not allowable. Refer to contract for further details.

The policy is hereby assigned by the undersigned to Transamerica Life Canada (Transamerica) as sole security for the loan. Each of the undersigned hereby guarantees the validity of this assignment. Each of the undersigned understands and agrees that the security for the loan constitutes a first lien on the policy in favour of Transamerica and that Transamerica has the first lien on and right to set-off against the policy to the extent of any loan balance.

6. **POLICY LOAN REPAYMENT:**

Any loan prepayment must be clearly marked as such; otherwise, it will be considered a premium payment. If the payment is received after the policy anniversary the system will have automatically established a new policy loan. PAD withdrawals to repay a loan cannot be established if the policy is not currently on this method of payment for premiums.

Enclosed is a loan repayment in the amount of \$ _____

Increase my PAD withdrawal by \$ _____ for my loan repayment.

SIN is required in the event of a surrender/loan or any type of redemption for tax reporting purposes.

Loans & partial surrenders may cause your Universal Life policy to lapse if not adequately funded. These transactions may cause a taxable consequence.

REMARKS REGARDING REQUEST # _____ / OR OTHER CHANGES NOT REQUIRING UNDERWRITING

Distributor's Office _____ **DISTRIBUTOR INFORMATION**

Advisor _____ Code _____ Enclosed is: Policy Cheque for \$ _____

Advisor _____ Code _____ Mail reply to: Distributor's Office Policy Owner

I/We have read and fully understand the contents of the NOTICE REGARDING COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION as stated above and acknowledge and consent to the collection, use and disclosure of my/our personal information by the Company and its affiliates for the purposes identified therein.

Witness Signature _____

Policy Owner Signature _____

Witness Signature _____

Policy Owner Signature _____

Witness Signature _____

Preferred/Irrevocable Beneficiary Signature (if applicable) _____

Assignee Signature (stamp required if Assignee is a financial institution) _____

DATED AT _____ CITY, PROVINCE THIS _____ DD/MM/YYYY

If the Owner is a corporation, the signature name and title of the authorized signing officers thereof are required, as stated in the by-laws of the corporation, together with the full legal name of the corporation. If the Owner is a corporation, please attach articles of incorporation/amendment showing its correct legal name.



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7. **CHANGE OF ADDRESS** LIFE INSURED OWNER
 BENEFICIARY

Name _____
 Address _____

9. **LOST POLICY DECLARATION AND INDEMNIFICATION – REQUEST FOR DUPLICATE POLICY:**
 \$25.00 FEE ENCLOSED Yes No
NOTE: IF \$25.00 FEE IS NOT ENCLOSED NO DUPLICATE POLICY WILL BE ISSUED.
 IF NOT, REASON _____
 LIFE INSURED: _____

8. **CHANGE NAME OF** LIFE INSURED OWNER
 BENEFICIARY PAYOR

NOTE: This section should not be used to designate a new owner or beneficiary

NEW NAME: (print) _____
REASON: _____

 (Marriage, Court Order, etc..)

As the Owner of the policy, I request that the Company issue a duplicate policy, or statement of coverage because the original policy is lost or destroyed. Other than as shown on the records of the Company, to the best of my knowledge and belief, no other person has any claim or interest in the policy or possession of it, except: (if no exceptions, write "no exceptions")

In consideration of the issuance of a duplicate policy, or statement of coverage I agree to indemnify the Company from all losses which may directly or indirectly result from the granting of this request. I further agree that the Duplicate Policy, if issued, is provided as a customer service only and does not replace the terms of the original policy contract including any amendment/endorsements attached thereto by Transamerica at the time of issue or thereafter.

A copy of the name change documentation must be submitted. The Company is authorized to transact any business under the policy in the new name.
 CORPORATIONS: Submit certified copy of the official document used by provincial authority.

Old Signature _____
 New Signature _____

10. **CHANGE MODE OF PREMIUM PAYMENT:**
 A **DIRECT BILLING:** Annual Semi-Annual Quarterly
 B **PAD:** Please complete Request for Pre-Authorized Debit Form.
 (Form #PS375)

11. **POLICY SPLIT OR SEVERANCE – NOTE:** *Not all policies can be split or severed. (consult the provisions of your contract) Also, a processing fee may apply.* If any information differs from the original policy, please submit signed forms:
 - Transfer of Ownership
 - Change of beneficiary
 - PAD authorization and VOID cheque

REMARKS REGARDING REQUEST # _____ / OR OTHER CHANGES NOT REQUIRING UNDERWRITING

NOTICE REGARDING COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

The personal information provided in this Policy Service Application form will be added to and form part of the file Transamerica established and continues to maintain at its head office that contains the personal information it obtained at the time of and subsequent to the application for the Policy.

The personal information in your file may be used to administer and service the insurance and financial products we provide and to evaluate, assess and investigate our insurance risks and any claims you submit. It may also be shared with or disclosed to Transamerica's reinsurers, managing general agencies, distributors, market intermediaries and your advisor of record for such purposes. If applicable, your Social Insurance Number will be used for income reporting purposes. If necessary, your personal information may also be shared with your beneficiaries in relation to a claim.

Your file will only be accessible to employees and authorized representatives of Transamerica responsible for administering your file, and other persons authorized by you or by law. Subject to exceptions set out in applicable legislation, you may access your file and request corrections to your personal information by sending us a written request. To make a request or to learn about the measures we take to protect your personal information, please write to: **Privacy Officer, Transamerica Life Canada, 5000 Yonge Street, Toronto, ON M2N 7J8.** Your personal information will be collected, used, disclosed, shared and treated as described herein, or as otherwise described at or before the time of collection, use or disclosure, or as otherwise permitted by law.

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Distributor's Office _____
 Advisor _____ Code _____ Enclosed is: Policy Cheque for \$ _____
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Witness Signature _____
 Witness Signature _____
 Witness Signature _____

Policy Owner Signature _____
 Policy Owner Signature _____
 Preferred/Irrevocable Beneficiary Signature (if applicable) _____
 Assignee Signature (stamp required if Assignee is a financial institution) _____

DATED AT _____ CITY, PROVINCE THIS _____ DD/MM/YYYY

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