



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.

- Cash
- 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.