



# AMENDMENT TO LIFE APPLICATION OR REINSTATEMENT/CHANGE APPLICATION

## A. POLICY IDENTIFICATION

POLICY NO.

1.  Life Insured  Policy Owner  
Name

2.  Policy Owner  Second Life Insured  
Name

## B. DESCRIPTION OF AMENDMENT

## C. AGREEMENT/DECLARATION/AUTHORIZATIONS

All agreements, declarations and authorizations acknowledged in the initial Application for Life Insurance or Application for Reinstatement/Change apply to this form.

## D. SIGNATURES

I hereby declare that the above information is true and complete and shall form part of my application to the Wawanesa Life Insurance Company.

A photocopy or an electronic reproduction of this document will be as valid as the original.

Signed at \_\_\_\_\_ in the province of \_\_\_\_\_. Date \_\_\_\_\_

\_\_\_\_\_  
Life Insured, or parent if Life Insured is under age 16 (please print)

\_\_\_\_\_  
Life Insured, or parent if Life Insured is under age 16 (signature)

\_\_\_\_\_  
Child under Child Protection Rider, if age 16 or older (signature)

\_\_\_\_\_  
Second Life Insured (please print)

\_\_\_\_\_  
Second Life Insured (signature)

\_\_\_\_\_  
Witness/Advisor/Broker (signature)

\_\_\_\_\_  
Policy Owner, if other than Life Insured (please print)

\_\_\_\_\_  
Policy Owner, if other than Life Insured (signature)

**PLEASE RETURN TO:**  
**The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8, FAX: 1-888-985-3872**