



AMENDMENT TO LIFE APPLICATION OR REINSTATEMENT/CHANGE APPLICATION

A. POLICY IDENTIFICATION		POLICY NO. <input style="width: 150px; height: 20px;" type="text"/>
1. <input type="checkbox"/> Life Insured <input type="checkbox"/> Policy Owner	2. <input type="checkbox"/> Policy Owner <input type="checkbox"/> Second Life Insured	
Name <input style="width: 350px; height: 25px;" type="text"/>	Name <input style="width: 350px; height: 25px;" type="text"/>	

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,
TOLL FREE: 1-888-997-9965 FAX: 1-888-985-3872 WEBSITE: wawanesalife.com