

POLICY NUMBER

NAME OF LIFE INSURED

I/We, the undersigned, hereby request and authorize The Wawanesa Life Insurance Company to:

<p>1. Pay out of the dividends presently available under the above policy:</p> <p>(a) \$ _____ to pay premium(s) due.</p> <p>(b) \$ _____ by cheque, to the undersigned, or the maximum amount of dividends available under the policy, if less</p> <p>(c) \$ _____ other (please explain):</p>
<p>2. Credit future dividends under the following dividend option:</p> <p>(a) Cash Payment <input type="checkbox"/></p> <p>(b) Paid-up Addition <input type="checkbox"/></p> <p>(c) On Deposit <input type="checkbox"/></p> <p>(d) To Pay Premiums <input type="checkbox"/></p>

CONSENT & DISCLOSURE REGARDING PERSONAL INFORMATION
<p>I consent to Wawanesa Life collecting, using and disclosing my personal information for the purposes of: establishing and maintaining communications with me; investigating and paying claims; detecting and preventing fraud; offering and providing products and services to meet my needs; compiling statistics and acting as required or authorized by law.</p> <p>I understand that Wawanesa Life may share my personal information with the following people, organizations and service providers: Wawanesa Life employees and agents who require this information to perform their jobs; providers of information processing and storage, programming, printing, mailing and distribution services; people to whom I have granted access; and people who are legally authorized to view my personal information. These people, organizations and service providers may be in other provinces or in jurisdictions outside Canada. My information may be shared as required by the laws of those jurisdictions.</p> <p><i>You can obtain further information about Wawanesa Life's Personal Information Protection Policy and practices concerning service providers outside Canada from the Wawanesa Life Executive Office at 400-200 Main Street, Winnipeg, MB R3C 1A8 or at www.wawanesalife.com.</i></p> <p><i>If you have a question (including a question concerning our collection of personal information, or the collection, use, disclosure or storage of personal information by service providers outside Canada on our behalf) or complaint regarding our privacy policies or procedures, please contact the individual accountable for our personal information protection compliance: Privacy Officer, The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, Manitoba R3C 1A8.</i></p>

SIGNATURES	
<p>I confirm that I have read, understood and accepted the terms and conditions contained in the Consent & Disclosure Regarding Personal Information.</p> <p>A photocopy or an electronic reproduction of this document will be as valid as the original.</p>	
<p>_____</p> <p>Date</p>	<p>_____</p> <p>Signature of Policy Owner</p>
<p>_____</p> <p>Signature of Beneficiary (if beneficiary is irrevocable or policy issue date is prior to July 1, 1962)</p>	<p>_____</p> <p>Signature of Assignee (if policy is assigned)</p>

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