

POLICY NUMBER(S)

NAME OF LIFE INSURED or ANNUITANT

*Please read the reverse side before answering these questions.*

### ALL POLICIES

1. What is your reason for requesting termination of this policy?	
2. Do you intend to replace this policy with a new one? If YES, when?	<input type="checkbox"/> YES <input type="checkbox"/> NO

### POLICIES WITH CASH SURRENDER VALUE

3. If your policy permits, would an advance for practically the same amount as the Cash Surrender Value meet your needs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Would a Paid-Up Policy providing reduced benefits meet your needs?	<input type="checkbox"/> YES <input type="checkbox"/> NO

### CONSENT & DISCLOSURE REGARDING PERSONAL INFORMATION

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.

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.

*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](http://www.wawanesalife.com).*

*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.*

### SIGNATURES

I, the undersigned, hereby request The Wawanesa Life Insurance Company to terminate the above noted policy immediately, or effective \_\_\_\_\_, thus terminating the insurance protection provided by this policy. For cash value policies, the payment of surrender value will be considered full settlement of all liability under this policy.

I confirm that I have read, understood and accepted the terms and conditions contained in the Consent & Disclosure Regarding Personal Information.

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

Date	Signature of Policy Owner
Signature of Beneficiary (if beneficiary is irrevocable or policy issue date is prior to July 1, 1962)	Signature of Assignee (if policy is assigned)

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

**BEFORE YOU SURRENDER YOUR POLICY AND  
SACRIFICE YOUR INSURANCE**

***Please consider...***

1. You purchased your insurance to protect your Beneficiary in the event of your death. Can your Beneficiary manage without this protection?
2. If you need cash, your policy may have a loan provision that would give you almost the same amount of funds and allow you to continue the valuable insurance protection.
3. This policy cannot be replaced by a similar policy except at a higher premium due to your increased age, and obtaining a new policy would be subject to evidence of good health.
4. If this policy is not suitable for your present needs or financial situation, it may be possible to change to a different plan and/or amount of premium.

These are only a few of the points for you to consider. May we suggest that before taking any further steps, you talk to one of our representatives, who will be pleased to discuss your policy with you.

**Should you have any questions or need assistance, please contact our Customer Service Department:  
PHONE: 1-800-263-6785      FAX: 1-888-985-3872      EMAIL: [lifecustserv@wawanesa.com](mailto:lifecustserv@wawanesa.com)**