UNIVERSAL LIFE WITHDRAWAL FORM

Print Reset

POLICY NUMBER	NAME OF LIFE INSURED

DETAILS

I/We request that The Wawanesa Life Insurance Company withdraw $_____ from the above mentioned policy as specified below:

** Please note that unless otherwise specified, the withdrawal will be processed in the same allocation as the contributions were received.

NOTICE OF CONSENT & DISCLOSURE REGARDING PERSONAL INFORMATION

You have previously provided consent, expressed or implied, to Wawanesa Life for collection, use and disclosure of your personal information for the purposes of: establishing and maintaining communications with you; underwriting risks on a prudent basis; investigating and paying claims; receiving payments of insurance premiums and policy loan repayments; detecting and preventing fraud; offering and providing products and services to meet your needs; compiling statistics and acting as required or authorized by law. That consent applied to personal information being provided to Wawanesa Life at that time and to personal information that may be provided after that time.

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.

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

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)**

_____
Policy Owner, if other than Life Insured (please print)
If Policy Owner is a company, affix Company Seal and provide signature(s) of authorized signing officer(s)

_____
Policy Owner (signature)

_____
Advisor/Broker (signature)

_____
Witness (signature)

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

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

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