



TO: THE CANADA LIFE ASSURANCE COMPANY

I, the undersigned, hereby request that, with respect to the policy to be issued pursuant to:

Application No. _____ dated _____
day/month/year

I hereby appoint:

Name _____

Address in full _____

as my attorney to receive delivery of the said policy and to accept it on my behalf.

I agree that:

- (a) delivery of the said policy to, and acceptance of it by, my said attorney shall be binding on me and**
- (b) the ten day right to examine the said policy shall begin with delivery to my said attorney.**

Signed in _____ Date _____
city/town province/territory day/month/year

Witness _____ Proposed Owner _____