www.inalco.com
www.iapacific.com

INDUSTRIAL ALLIANCE
INSURANCE AND FINANCIAL SERVICES INC.

IA PACIFIC™

Surrender
Individual Life Insurance
Loan, Dividends, Partial Withdrawal: see overleaf

F6A

Agency	Code	Agent	Code	S.U.	Reserved for Agency	Reserved for H.O.
					Sent:	Received:

Policy no. ☐☐-☐☐☐☐☐☐☐-☐

Last name and first name of policyowner

***Caution:* Corrected or altered forms will not be accepted. Signatures are required in each section completed.**

• Policyowner's address (to be completed in all cases) ☐ **The address remains unchanged.**

No. *Street* *Apartment* *PO Box*

City *Province* *Postal code* *Social Insurance No.*

Email address *Tel.: Home ( ) -* *Work ( ) -*

1 • SURRENDER REQUEST ➡ **The policy is** ☐ **attached** ☐ **destroyed** ☐ **lost**

➡ *The irrevocable beneficiary's signature is required.*
➡ *If the policy has been transferred as security, please obtain a release of assignment or the financial institution's seal.*
➡ *If the policyowner is a company or corporation, obtain the signature of an authorized representative.*

☐ **I hereby request the cancellation of this policy and the payment of its surrender value if such value is payable.**

☐ **This surrender request is conditional on the acceptance of** ☐ **application no.** _____
➡ *Attach this request to the application or request for change.* **or** ☐ **request for change no.** _____

☐ **I hereby request a transfer** ☐ **of this total amount** **or** ☐ **of** $ _____ **to policy or application no.** _____

The balance of the surrender value, if applicable, must be paid to me.

Signed at _____ **this** _____ **day of** _____ **20**____

X _____ **Agent - witness** X _____ **Irrevocable beneficiary** X _____ **Policyowner** X _____ **Policyowner**

• Special instructions

_____

_____

Signed at _____ **this** _____ **day of** _____ **20**____

X _____ **Agent - witness** X _____ **Policyowner** X _____ **Policyowner**

• Reserved for Head Office ➡ *Policy no. accepted* _____ *Effective date* _____

☐ **Please obtain the signature of** _____
➡ *If the policyowner is deceased, attach proof of death, will and marriage contract.*

☐ **Please obtain** _____

☐ _____

By _____ **Date** _____

☐ **This policy has been terminated since** _____
for ☐ **non payment of premiums**
☐ **depletion of value**
☐ **surrender**

☐ **A cheque for** $ _____ ☐ **has been sent to the policyowner** ☐ **is attached** ☐ **has been sent to the agent**

☐ **The amount of** $ _____ **has been applied to policy(ies)** _____

☐ **The client will be entitled to a reimbursement of** $ _____ **for the cheque dated** _____ **in the next 30 days.**

By _____ **Date** _____

® Trademark of Industrial Alliance Insurance and Financial Services Inc., used under license by Industrial Alliance Pacific Insurance and Financial Services Inc.

www.inalco.com
www.iapacific.com

INDUSTRIAL ALLIANCE
INSURANCE AND FINANCIAL SERVICES INC.

IA PACIFIC™

Loan, Dividends, Partial Withdrawal

Individual Life Insurance

Surrender: see overleaf

F6A

Agency	Code	Agent	Code	S.U.	Reserved for Agency	Reserved for H.O.
					Sent:	Received:

Policy no. ☐☐-☐☐☐☐☐☐☐-☐

Last name and first name of policyowner

***Caution:* Corrected or altered forms will not be accepted. Signatures are required in each section completed.**

• Policyowner's address (to be completed in all cases) ☐ **The address remains unchanged.**

No. *Street* *Apartment* *PO Box*

City *Province* *Postal code* *Social Insurance No.*

Email address *Tel.: Home ( ) -* *Work ( ) -*

2 • REQUEST FOR POLICY LOAN, DIVIDENDS OR PARTIAL WITHDRAWAL

➡ **Do not attach the policy.**

I hereby request
- ☐ a policy loan ☐ maximum ☐ of $
- ☐ the withdrawal of my accumulated dividends ☐ total ☐ of $
- ☐ a partial withdrawal (U.L.) ☐ maximum ☐ of $
- ☐ the withdrawal of future premiums on deposit (FPD) ☐ total ☐ of $
- ☐ the withdrawal of the daily interest on deposit (DID) ☐ total ☐ of $

☐ **I hereby request a transfer** ☐ of this total amount or ☐ of $ **to policy or application no.** _____

Signed at _____ **this** _____ **day of** _____ **20**____

X	X	X	X
Agent - witness	Irrevocable beneficiary	Policyowner	Policyowner

• Special instructions

_____

_____

_____ ____

• Reserved for Head Office ➡ *Policy no. accepted* _____ *Effective date* _____

☐ **Please obtain the signature of** _____

➡ *If the policyowner is deceased, attach proof of death, will and marriage contract.*

☐ **Please obtain** _____

☐ _____

By _____ **Date** _____

☐ **This policy has been terminated since** _____

for ☐ non payment of premiums
☐ depletion of value
☐ surrender

☐ **A cheque for** $ _____ ☐ has been sent to the policyowner ☐ is attached ☐ has been sent to the agent

☐ **The amount of** $ _____ **has been applied to policy(ies)** _____

☐ **The client will be entitled to a reimbursement of** $ _____ **for the cheque dated** _____ **in the next 30 days.**

By _____ **Date** _____

® Trademark of Industrial Alliance Insurance and Financial Services Inc., used under license by Industrial Alliance Pacific Insurance and Financial Services Inc.