

Identification

Policy number:

Life Insured:
first name

last name

Policy Owner:
first name

last name

Policy Owner:
first name

last name

Company:

I/We, the policy owner(s), hereby apply to Humania Assurance Inc. for the total surrender of the cash value of the above numbered policy. I/We acknowledge and accept that payment of the total cash surrender value, if any, fully settles all claims and demands associated with the above numbered policy. Payment also releases and fully discharges the Humania Assurance Inc. from all liability and will result in the cancellation of the policy and all the insurance coverage it provides.

I/We, the policy owner(s), hereby apply to Humania Assurance Inc. for the partial surrender of the cash value of the above numbered policy for the amount of:

\$
amount

Signed at _____ this month / day / year

Signature and title of policy owner #1 or signing officer _____

Signature and title of policy owner #2 or signing officer _____

Signature of irrevocable or preferred beneficiary _____

Signature of irrevocable or preferred beneficiary _____



Payment instructions

IMPORTANT INFORMATION

- For a total surrender, Humania Assurance Inc. will cancel your policy upon receipt of this completed form.
- A portion of the cash value, if any, may be taxed as income, which may increase your taxable income for the year.
- If there are two policy owners both must sign.
- If the policy owner is a company or corporation, the signature and title of two signing officers are required. If only one person is authorized to sign on behalf of the corporation, write your initials here to confirm that you are the only person authorized to sign on behalf of the corporation _____ . You must also sign above.
- Irrevocable or preferred beneficiaries named in the policy must sign above to confirm their consent to the surrender. Minor beneficiaries cannot give consent.
- If the policy has been collaterally assigned or hypothecated, you must obtain a release of the assignment or hypothecation before submitting your request for surrender.

Payment instructions:

Payable by cheque to/or specify: _____

Social Insurance number:

Mail to: _____