



Request for Change F4A Individual Life Insurance

Agency _____ Code _____ Agent _____ Code _____ S.U. _____ Amount paid _____
 Policy no. _____ Last and first name of principal insured _____ Reserved for H.O. _____
 Received: \$ _____

1 • ADDITION OF COVERAGE (PLANS, MODULES, ADDITIONAL BENEFITS)

- ➔ Attach proof of insurability for the policyowner if contract contains WPD, WPDIs or CAD.
- ➔ If target premium is to be changed, please complete section 7.
- ➔ Attach a duly completed F3A/F3A-P form for each insured.
- ➔ Attach a Q4A (Critical Illness) or Q6A (Supplementary Income) questionnaire, if the contract contains this type of coverage.

Insured (last and first name)	Type of coverage to be added	Additional face amount	Additional annual premium
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
TOTAL:			\$ _____

2 • CANCELLATION OF COVERAGE (PLANS, MODULES, ADDITIONAL BENEFITS)

- ➔ If target premium is to be changed, please complete section 7.
- ➔ To surrender the entire contract, use form F6A.

This transaction is conditional on the acceptance of application no. _____.

Insured (last and first name)	Type of coverage to be cancelled	Cancelled face amount	Cancelled annual premium
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
TOTAL:			\$ _____

If a cash value is payable: Deposit in policy no. _____ **TOTAL:** \$ _____
 Issue a cheque to the client Deposit in application no. _____

Increase in the net premium (**1** less **2**) excluding premium adjustment for existing CAD, WP, WPDIs and WPD benefits = \$ _____

3 • REINSTATEMENT

- ➔ Enclose premiums in arrears. Acceptance of the deposit does not mean that the reinstatement has been accepted. Evidence of insurability will have to be studied before we confirm that your request is accepted.
- ➔ By redating ➔ Enclose a modal premium + required fees. ➔ Non UL products only.

Contract cancelled for 120 days or more ➔ Attach completed declarations of insurability (form F3A/F3A-P) for each insured. Attach a Q4A (Critical Illness) or Q6A (Disability Rider) questionnaire, if the contract contains this type of coverage.

➔ For non-placed policies, submit a new application.

or Contract cancelled for less than 120 days ➔ Answer questions: **1** **2** a), b), and c) below. Attach a Q4A (Critical Illness) questionnaire, if the contract contains this type of coverage.

1 This declaration concerns: each insured on the contract or the following insured(s): _____

2 In the last year, have any of the insureds indicated in **1**:

a) suffered from any disease, had health problems or consulted a physician? Yes No

b) tested positive for an AIDS screening test or for Hepatitis B or C? Yes No

c) been disabled or absent from work for more than two weeks for health reasons? Yes No

If your policy is a critical illness insurance contract or contains a critical illness rider, please answer question d) below.

d) a first-degree relative (father, mother, siblings) suffered from, or is suffering from cancer, heart disease, diabetes, cerebrovascular disease, chronic kidney disease, neurological disorders, porphyria, familial adenomatous polyposis or lupus erythematosus? Yes No

If the answer to any of these questions is "Yes", submit completed declarations (form F3A/F3A-P) for this insured. Attach a Q4A (Critical Illness) or Q6A (Disability Rider) questionnaire if the contract contains this type of coverage.

4 • OTHER UNDERWRITING CHANGES

- ➔ Attach a duly completed F3A/F3A-P form for each applicable insured.
- ➔ Attach a Q4A (Critical Illness) or Q6A (Supplementary Income) questionnaire, if the contract contains this type of coverage.

Change the tobacco status to non-smoker for the following insured: _____ (no fee for a change to non-smoker in the 12 months following the effective date of the coverage)

Review the risk class to: Elite Preferred for the following insured(s): _____

➔ In both cases, enclose a \$50 fee if the coverage was issued within the last 5 years.

Revise the existing extra premium for the following insured(s): _____

5 • CHANGE IN THE TYPE OF PLAN

- ➔ Attach a duly completed F1A/F1A-P form (mandatory) to provide all relevant information about the chosen plan.
- ➔ Attach a Q4A (Critical Illness) or Q6A (Supplementary Income) questionnaire, if the contract contains this type of coverage.
- ➔ Allowed in the 13-month period following the effective date of the contract. If there is an increase in the risk, complete a F3A/F3A-P form for each applicable insured. If there is a reduction in the risk, the reduction is first applied followed by the plan change.
- ➔ If the date of issue is greater than 3 months, please include the \$50 transaction fee.

Insured (last and first name)	Current type of plan	Type of plan desired	Desired face amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

6 • UNIVERSAL LIFE POLICIES

Please verify that the target premium is sufficient.

Grant the following insured(s) level cost of insurance guaranteed for life:

7 • MISCELLANEOUS

- Change the method of payment to ... and for a universal life policy, change the target premium to \$...
Change the target premium to \$... starting on ...
Issue a duplicate policy.
Correct the date of birth of ... to ...

8 • REDUCED PAID-UP CONTRACT

Make a choice in each section: 1 2 3

Change into a reduced paid-up contract

- 1 The insured(s): ... or This entire contract
2 By using the insured's value only or the total value of the contract
3 While, at the same time eliminating the existing debt or conserving the existing debt

9 • CONVERSION

Make a choice in each section: 1 2 3 and provide details in section 4

Additional benefits attached to this policy and which may be contractually continued as a result of a conversion will automatically terminate if not specified in section 4 below.

- 1 Total conversion or Partial conversion: the remaining insurance remains in effect or Partial conversion: the remaining insurance is cancelled
2 Converted insurance will be added to the existing policy or will appear on a new policy or will be added to policy no.
3 Property rights for the new contract(s) resulting from the conversion: I retain ownership of said contract(s) or I assign each insured his/her new contract or I assign ownership of said contract(s)

4 Provide the following details:

Table with 5 columns: Insured (last and first name), Converted plan, Converted face amount, New plan, Additional benefits

10 • DISSOCIATION

Make a choice in each section: 1 2 Attach the applicable fee (\$50)

- 1 Dissociate the following additional insured(s): ... together on a new contract or so that each insured has his/her own contract or and add these insureds to policy no.
2 Property rights for the new contract(s) resulting from the dissociation: I retain ownership of said contract(s) or I assign each insured his/her new contract or I assign ownership of said contract(s)

11 • SPECIAL INSTRUCTIONS OR OTHER CHANGES

• SIGNATURES

We agree that the present request is an integral part of the modified contract and that the modification takes effect as of the acceptance of the request by the Company inasmuch as the latter has been accepted without modification, the premium has been paid and no change has taken place in the insurability of the proposed insureds since the signing of the request.

Signed at this day of 20

X Agent - Witness

X Irrevocable Beneficiary/Assignee

X Policyowner

