La Capitale

CANCELLATION

Policy No.: ____________

I hereby request that the Insurer cancel all benefits under the above-mentioned policy for the following reason(s):

- ☐ Advisor service quality
- ☐ Claims department service quality
- ☐ Head office employee service quality
- ☐ The coverage no longer meets my needs
- ☐ The coverage premiums are too expensive
- ☐ The coverage premiums were increased
- ☐ The reimbursement of premiums option came to maturity
- ☐ Replacement by other La Capitale coverage
- ☐ Replacement by coverage with another insurer
- ☐ Retirement
- ☐ Coverage available under an employer's benefit plan
- ☐ Company sold
- ☐ Other: ____________

Comments: ____________

WARNING TO THE POLICYHOLDER

This warning applies to you if the policy you wish to cancel includes a Return of Premium (ROP) rider. If this is the case, be advised that the ROP rider will also be cancelled and you will lose the potential value that this ROP rider would have provided at maturity.

Signed at ____________ on this ______ day of ____________ 20 ______ .

Signature of policyholder — Name of policyholder (please print)

Address (No., street, apartment, city, province) — Postal code

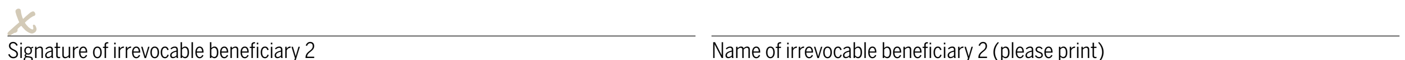
Area code — Telephone

CONSENT OF IRREVOCABLE BENEFICIARY (IF APPLICABLE)

I agree to this cancellation request by the policyholder.

Signed at ____________ on this ______ day of ____________ 20 ______ .

Signature of irrevocable beneficiary 1 — Name of irrevocable beneficiary 1 (please print)



Signature of irrevocable beneficiary 2 — Name of irrevocable beneficiary 2 (please print)

Please return this form by email, fax or mail.

La Capitale Financial Security Insurance Company (the Insurer)
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