

**Application for Reduced Paid – UP
& Term Conversion**

Policy Number:		
Applicant(s):		
Life Insured:	Owner if different from Life Insured:	Date of Birth:

Change to be processed (only check items that apply)

- Change policy to Reduced Paid-Up. (only for Term 100 policies)
- Convert policy to _____ (subject to plan eligibility and minimums)

Effective date: _____

Premium: \$_____ to be paid Annual Semi Annual Monthly (Enclose Void Cheque)
(CP Policies only)

Face Amount to be Converted: _____

If the amount above is less than the coverage presently provided by the numbered policy,
please specify whether or not the remaining coverage is to be: _____

- Kept in force Cancelled

I, the applicant under the above-mentioned policy make application for the policy change(s) indicated here above and agree that these changes shall be an amendment to my original application and shall form part of my policy.

Dated at _____ this _____ day of _____ 20____.
Location Month

Signature of Policyowner

Signature of Witness

Agent Name & Code