UV INSURANCE

INDIVIDUAL INSURANCE

Request for Contract Termination

EQC076

Important: Fill out in block letters and answer each section as accurately as possible.

Contract # _____

First name of the insured _____ Last name _____

Section A—Owner's Identification

1. First name _____ Last name _____
2. Date of birth |__|__|__|__|__|__|__|__|

Section B—Details Regarding the Request

I hereby request UV Insurance to terminate the above-mentioned contract. I understand that, for this contract, UV Insurance's obligations will cease as of the date of receipt of this request at its head office. By signing this form, I certify that I have read and understood the foregoing.

Section C—Signatures

Signed in _____ |__|__|__|__|__|__|__|__|

X _____ _____

Owner's signature — Full name of the Owner

X _____ _____

Signature of the irrevocable beneficiary* — Full name of the irrevocable beneficiary

* If the beneficiary designated on the contract is irrevocable, their signature is required. If the irrevocable beneficiary is deceased, please attach proof of death.

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