UV INSURANCE

INDIVIDUAL INSURANCE AND INVESTMENT

Total Surrender or Partial Surrender Request

EQC031

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

Section A — Collection, Use and Communication of Your Personal Information

Through this form, UV Insurance collects your personal information in order to process your total or partial cash value, in particular by paying you the amount of money indicated in section C, D or E.

Your personal information may also be used specifically to:

- Confirm your identity;
- Establish and update the profile, needs, and objectives;
- Comply with legal and regulatory requirements (e.g., to prevent, detect or suppress offences, cyber threats, and fraud).

Contract # _____

First name of the insured or annuitant _____ Last name _____

Section B — Contract Owner Identification

Owner

1. First name _____ Last name _____
2. Date of birth Y M D 3. Social Insurance Number

Co-Owner

1. First name _____ Last name _____
2. Date of birth Y M D 3. Social Insurance Number

Section C — Surrender — Life Insurance

Note: A partial or total surrender may result in tax consequences and be taxable as income. A total surrender terminates the coverage. In the case of a partial surrender, the insurance amount in force may be reduced in accordance with the contractual provisions.

☐ **Life Insurance**

Total surrender amount $ _____ or partial surrender amount $ _____

☐ **Universal Life Insurance**

Total surrender amount $ _____ or partial surrender amount $ _____ ☐ Gross ☐ Net

Fund surrender choice	$ or % or number of units	Fund surrender choice	$ or % or number of units
Canadian Shares (S&P/TSX 60)		Money Market	
American Shares (S&P 500)		Guaranteed interest rate for 1 year	
Global Shares (MSCIW)		Guaranteed interest rate for 3 years	
Technology Shares (NASDAQ 100)		Guaranteed interest rate for 5 years	
Canadian Bond Fund (Scotia)		Guaranteed interest rate for 10 years	

Section D – Surrender — Critical Illness Insurance

Note: The refund of all premiums terminates the coverage. In the case of a partial refund of premiums, the insurance amount in force may be reduced in accordance with the contractual provisions.

☐ **Critical Illness Insurance**

☐ Total refund of premiums

☐ Partial refund of premiums $ _____ or % _____

Section E — Surrender — Investment

Note: The surrender of a 1-Year Uniflex to 5-Year Uniflex certificate or a 10-Year Uniflex certificate prior to maturity results in a penalty as well as a market value adjustment. The surrender of a 10-Year Step-Up Uniflex certificate is only permitted on the certificate's anniversaries.

☐ **Daily Interest Account (DIA)** ☐ **Uniflex**

Certificate # _____

Total surrender amount $ _____ or partial surrender amount $ _____ ☐ Gross ☐ Net

Section F — Payment Details

I request that the amount from the partial surrender or total surrender be paid to me in accordance with the contractual provisions.

☐ Paid by direct deposit (please attach a personalized void cheque issued in the name of the owner of the contract)

☐ Applied to application # _____

☐ Applied to the premium payment for contract # _____

☐ Used as a fund transfer on Uniflex # _____

Additional Instructions

Section G — Consent and Signature

The information provided in this form will be shared with UV Insurance staff responsible for processing your loan request, as well as with any other parties authorized by law.

If any of your personal information is inaccurate, incomplete, or unclear, you may request a correction by getting in touch with UV Insurance.

You also have the right, upon request, to be informed about how your personal information is used.

Please note that you may withdraw your consent to the disclosure or use of your personal information at any time. For more information, please visit our website to view our **Privacy Policy.**

By signing this form, I certify that I have read and understood all the information contained in this document.

Signed at _____ Date Y M D

X _____ **X** _____

Signature of the contract owner | Signature of the 1st irrevocable beneficiary*

X _____ **X** _____

Signature of the co-owner | Signature of the 2nd irrevocable beneficiary*

* If the beneficiary designated in the contract is irrevocable, their signature is required to proceed with a surrender request.

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