

Section E—Payment Details

I request that the surrender value be paid to me in accordance with the terms of the said contract.

Paid by direct deposit (please attach a specimen cheque)

Applied to application # _____

Applied to the premium payment for contract # _____

Used as a fund transfer on Uniflex # _____

Additional Instructions

Section F—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 | | | | | | | | | |

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

