

In this form **you**, and **your** means each owner and insured. **Our** or **Canada Life™** means The Canada Life Assurance Company.

Use this form to exchange your Canada Life policy for a Sun Life Assurance Company of Canada policy. A signed, completed copy of the Sun Life Assurance Company of Canada *Application for Conversion and Exercising GIB option* should be attached.

Canada Life Policy Number	Date of policy issue (d/m/y) (Must be on or after 18 June 2000 to be eligible)
Life Insured (first, middle, last)	
Policy Owner(s) (first, middle, last)	
<input type="checkbox"/> Life Insured, or	

Amount of insurance being exchanged:

- a)  Full exchange
- b)  Partial exchange. The coverage amount to be exchanged is \$ \_\_\_\_\_ for a Sun Universal Life policy. (State policy or application number) \_\_\_\_\_
- The Balance is to:  remain in force (minimum \$100,000 coverage)
- be cancelled

**As the Owners, you:**

1. Agree that the policy administered by The Canada Life Assurance Company (Canada Life™) named herein will be cancelled or reduced as necessary as of the date that new insurance takes effect in accordance with the Sun Life Assurance Company of Canada Application for Conversion and exercising GIB option.
2. Hereby authorize Canada Life™ to cancel or amend the Canada Life™ policy as may be required in accordance with our current administrative rules.

Signature of <b>Insured Person</b>	Town	Province	Date (d/m/y)
If the owner is a company, print <b>company name</b> here. Two authorized officer(s) sign below, with title, or one officer with title and corporate seal.	Signature of <b>irrevocable beneficiary</b> consenting (if applicable)		
Signature of <b>owner</b> , if not signing as an insured person	Signature of <b>assignee</b> consenting (if applicable)		
Signature(s) of <b>additional owner(s)</b> , if not signing as an insured person	Signature of <b>assignee</b> consenting (if applicable)		
Signature of <b>witness to all signatures</b>			