REQUEST FOR A REPLACEMENT POLICY FOR A LOST POLICY

I/We		am/are the policy owner(s) of
The Equitable Life Insurance Co	ompany of Canada (the"Company") Policy	y number
I/We declare that the Policy co	ontract has been lost and is no longer in r	my/our possession.
I/We request the Company pr	ovide me/us with a replacement policy.	
	of Canada the applicable administration quest only a summary of the Policy, there	on fee set out below for providing me/us with the will be no administartion fee.
I/We agree that should I/we t	g ,	ately return the replacement Policy to the Company.
Below is my/our mailing addre	ess to be used for delivery of the replacem	nent Policy:
,	, ,	nent Policy:
Address	, ,	,
Address	Province	
Address City Policy owner signature:	Province	Postal code
Address City Policy owner signature: Policy owner name:	Province	Postal code
Address City Policy owner signature: Policy owner name: Policy owner signature:	Province	Postal code

Please note: Equitable Life® cannot ensure the privacy and confidentiality of any information sent through the internet because e-mail may be vulnerable to interception. As a result, Equitable Life is not responsible for any loss or damages you may incur if your information is intercepted and misused. If you would prefer to submit your information by another means, please contact us at 1.800.722.6615.