

**Application for Reduced Paid – UP  
& Term Conversion**

<b>Policy Number:</b>		
<b>Applicant(s):</b>		
<b>Life Insured:</b>	<b>Owner if different from Life Insured:</b>	<b>Date of Birth:</b>

**Change to be processed (only check items that apply)**

- Change policy to Reduced Paid-Up. (only for Term 100 policies)
- Convert policy to \_\_\_\_\_ (subject to plan eligibility and minimums)

Effective date: \_\_\_\_\_

Premium: \$\_\_\_\_\_ to be paid  Annual  Semi Annual  Monthly (Enclose Void Cheque)  
( CP Policies only)

Face Amount to be Converted: \_\_\_\_\_

If the amount above is less than the coverage presently provided by the numbered policy,  
please specify whether or not the remaining coverage is to be: \_\_\_\_\_

- Kept in force  Cancelled

**I, the applicant under the above-mentioned policy make application for the policy change(s) indicated here above and agree that these changes shall be an amendment to my original application and shall form part of my policy.**

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.  
Location Month

\_\_\_\_\_  
**Signature of Policyowner**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Agent Name & Code**