

REQUEST FOR A REPLACEMENT POLICY FOR A LOST POLICY

I/We _____ am/are the policy owner(s) of
The Equitable Life Insurance Company of Canada (the "Company") Policy number _____

I/We declare that the Policy contract has been lost and is no longer in my/our possession.

I/We request the Company provide me/us with a replacement policy.

I/We will pay Equitable Life of Canada the applicable administration fee set out below for providing me/us with the replacement policy. If I/We request only a summary of the Policy, there will be no administration fee.

I/We agree that should I/we find the original Policy, I/we will immediately return the replacement Policy to the Company.
Below is my/our mailing address to be used for delivery of the replacement Policy:

Address _____

City _____ Province _____ Postal code _____

Policy owner signature: _____

Policy owner name: _____

Policy owner signature: _____

Policy owner name: _____

Date: _____

Substantial copy - \$50.00 Policy summary – No charge