

REQUEST FOR POLICY CHANGE

Conversion Decrease Other

- INSTRUCTIONS:** 1) Complete and sign in DUPLICATE.
 2) Must be signed by the Life Insured or Owner; also by the beneficiary if Irrevocable.
 3) If the policy is Assigned, the form must also be signed by the Assignee.
 4) Send both copies of form to Home Office for consent. One copy will be returned to be attached to the Policy.

THE UNDERSIGNED owner of Policy Number _____ for the Life Insured named _____
 _____ hereby request AIG LIFE INSURANCE COMPANY OF CANADA to issue,
 in place thereof, a new Policy or an endorsement of the said original Policy, such change to be effective as of _____
 and provide as follows:

Amount of Insurance _____ with premiums payable every _____ months.

Plan of Insurance _____ **Smoker** **Non-Smoker**

Beneficiary Designation (if change desired, note under "Special Requests")

Supplementary Contract for Additional Benefits:

Waiver of Premium (WP) Accidental Death Benefit (ADB) Children's Term Insurance Benefit

I have paid \$ _____ with this request.

Special Requests:

For Home Office Endorsements Only

And I/We the undersigned, being all persons having any interest in the said original policy, do hereby covenant and agree that this Request, together with any amendment, supplement and statements contained in the Application for the said original Policy, or in any other papers submitted to the Company in support of this request, is hereby made the basis of issue of the new Policy or endorsement issued on this Request shall be ratification of any correction in or addition to this Request made in the space provided for Home Office Endorsements; and that in consideration of such issue or endorsement I/We do hereby forever release and discharge the said Company from any and all liability, claim or demand under the said original Policy accepting in lieu thereof the new Policy, or the original policy as endorsed, as the case may be.

Dated at _____ this _____ day of _____ 20_____ .

_____ as to _____
Witness Signature of Policy Owner

_____ as to _____
Witness Signature of Beneficiary (if irrevocable)

_____ as to _____
Witness Signature of Assignee (if assigned)