

APPLICATION FOR PARTIAL WITHDRAWAL

To be forwarded to: Retirement Plus (II) - Pension & Investment Management
 All others - Canadian Individual Customer Services

Complete this form only when a Partial Withdrawal is requested under any of the following plans: (check one box **only**)

- | | |
|---|--|
| <input type="checkbox"/> Retirement Plus/Retirement Plus II | <input type="checkbox"/> Registered Savings Component of Plan for Life |
| <input type="checkbox"/> Flexi-Plan | <input type="checkbox"/> Savings Component of Plan for Life |
| <input type="checkbox"/> Single Premium Deferred Annuity | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Futura/Versatile Life | |

POLICYOWNER (PRINT)

ANNUITANT (IF OTHER THAN THE POLICYOWNER)

POLICY NUMBER

I, _____, Owner of the above numbered policy, hereby request The Canada Life Assurance Company to withdraw from my:

Amount	*For Futura only	Amount
<input type="checkbox"/> Daily Interest Plan _____	<input type="checkbox"/> Money Market Fund Account _____	
<input type="checkbox"/> 1 Year Guaranteed Interest Plan _____	<input type="checkbox"/> Equity Funds Account _____	
<input type="checkbox"/> 3 Year Guaranteed Interest Plan _____	<input type="checkbox"/> Bond Fund Account _____	
<input type="checkbox"/> 5 Year Guaranteed Interest Plan _____	<input type="checkbox"/> Balanced Fund Account _____	
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> (X) Here if you would like to withdraw the amount in the same proportions that each account balance is to your total account balance.	

* Withdrawals from a fund account, will be processed on the next eligible valuation date. The required number of fund units will be redeemed to satisfy the request. Unit values are not guaranteed.
 A Portion of the amount withdrawn maybe subject to taxation under the income tax act and if applicable under the Quebec income tax act and market value adjustment.

a GROSS amount of _____, to be deducted from my policy.
 I understand that the amount due to me will be net of any expense charges and market value adjustment, if the withdrawal occurs during a guaranteed interest period, and also net of any tax withholding if my policy is registered as a RSP.

a NET amount of _____.
 I understand that the amount to be deducted from my policy will be equal to the net amount indicated above, PLUS any expense charges and market value adjustment, if the withdrawal occurs during a guaranteed interest period, PLUS tax withholding, if my policy is registered as a RSP.

The Partial Withdrawal is to be:

Transferred to my existing Canada Life Policy Number _____. If the existing policy is a Retirement Plus Policy or Plan For Life Policy, please direct these proceeds to the:

<input type="checkbox"/> Registered	<input type="checkbox"/> Non-Registered	Amount	Amount
<input type="checkbox"/> Daily Interest Plan _____	<input type="checkbox"/> 5 Year Guaranteed Interest Plan _____		
<input type="checkbox"/> 1 Year Guaranteed Interest Plan _____	<input type="checkbox"/> Other (specify) _____		
<input type="checkbox"/> 3 Year Guaranteed Interest Plan _____			

Paid by cheque to the undersigned _____.

I hereby authorize The Canada Life Assurance Company to amend my policy under the above number as may be required to reflect the change(s) I have requested. Further, I understand and agree that:

- 1) the effective date of my withdrawal will be the date when this form is received by The Canada Life Assurance Company at its Western Canadian Headquarters, and
- 2) if my policy is registered as a RSP, any cash withdrawal will be fully taxable; or
- 3) if my policy is non-registered, any taxable gain incurred at the date of my withdrawal will be reported as taxable income.

Dated at _____ in the province of _____ this _____ day of _____ year _____

Signature of Witness

Signature of Policyowner

The Canada Life Assurance Company