

Use this form for Investment Products Payouts

	Marketing Office/Agency Name	Code	Independent Advisor Name	Code	Policy Number
Personal Information	Policyowner's First Name		Policyowner's Last Name		

WITHDRAWALS***

Withdrawal Amount \$ _____ Net Gross / Full Partial

Withdraw From: Term _____ Fund(s): _____

Residency Declaration (for Taxation Purposes): (check one)

I am a Canadian Resident I am a resident of _____ (country)

How do you wish to receive the withdrawal (check one):

Cheque to Policyowner EFT (direct deposit) to Policyowner's bank account*

*(NOTE: For EFT please attach the Policyowner's personalized void cheque to this form)

INCOME PAYMENTS***

Add Change Stop

Effective Date: _____

Payment Type: Level \$ _____ per period - Net Gross Interest Minimum (RRIF, LIF and LRIF only)

Payment Frequency: Monthly Semi-Annually Quarterly Annually

How do you wish to receive payment(s): (check one)

Cheque to Policyowner EFT (direct deposit) to Policyowner's bank account*

*(NOTE: For EFT please attach the Policyowner's personalized void cheque to this form).

CHANGE OF WITHHOLDING TAX (RRIF only)***

Deduct withholding taxes on all payments _____ Government Minimum rate or _____ %

Deduct withholding taxes only on Excess over Minimum payment** _____ Government Minimum rate or _____ %

** (If payments commence in the year of establishing the plan, tax must be withheld. In subsequent years the above tax instructions will be followed. If a % is chosen, it must be greater than or equal to the Government Minimum tax rate).

REQUEST FOR INSTANT WITHDRAWAL CHEQUE (Manager RIF & Builder only)***

Issue a replacement cheque for future use, as uncashed cheque # _____ has been lost, misplaced or stolen.

Instant Withdrawal Cheque Loss Conditions

I declare that the uncashed cheque indicated above issued by the Maritime Life Assurance Co. to me, the Policyowner, for \$1000.00 has been lost, misplaced or stolen. In the event the cheque is found, I agree to return it to Maritime Life uncashed. In the event this cheque is negotiated by any party at any time either with or without my knowledge, I hereby agree to indemnify Maritime Life for the amount of the cheque, plus any expenses reasonably related thereto.

COMMENTS

SIGNATURES

*** NOTE: All sections of this form require the signature of the Policyowner(s) and the signature of any Assignee(s) / Irrevocable Beneficiary(ies) (if applicable)

Signature of Policyowner(s)

Signature of Assignee(s)/Irrevocable Beneficiary(ies)

Date Signed (day/month/year)

Independent Advisor Name & Code (please print)

Marketing Office/Agency Name & Code (please print)