

Assumption Life  
P. O. Box 160  
Moncton, NB  
E1C 8L1

To whom it may concern,

I \_\_\_\_\_ would like to convert my group life insurance policy to an individual policy. Please refer to the information listed below.

Group Policy Number: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Confirmation of Termination Date

Date: \_\_\_\_\_

Confirmation of Address

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Amount of insurance Eligible for on date of Termination

Amount: \_\_\_\_\_