Assumption Life

Reset

Investment Account Transfers

Name of Owner _____ Name of Insured _____

Contract No. _____ Telephone _____

Investment Accounts

From	*%*	*To*	*%*
☐ Daily Interest		☐ Daily Interest	
☐ 1-Year Guaranteed Interest		☐ 1-Year Guaranteed Interest 1 year	
☐ 3-Year Guaranteed Interest		☐ 3-Year Guaranteed Interest	
☐ 5-Year Guaranteed Interest		☐ 5-Year Guaranteed Interest	
☐ Balanced		☐ Balanced	
☐ Fixed Income		☐ Fixed Income	
☐ Canadian Dividend		☐ Canadian Dividend	
☐ U.S. Equity		☐ U.S. Equity	
☐ Canadian Small Capitalization Account		☐ Canadian Small Capitalization Account	
☐ Money Market		☐ Money Market	
☐ Europe		☐ Europe	
☐ True North®		☐ True North®	
☐ Assumption Balanced Portfolio		☐ Assumption Balanced Portfolio	
☐ S&P 500		☐ S&P 500	
☐ S&P/TSX		☐ S&P/TSX	

☐ Past and future investments (Please note that existing investment accounts will be closed and investments options will be adjusted.)

☐ Future investments only (Unless notified otherwise, existing investment accounts will remain active and the investment options will remain the same.)

☐ Special instructions _____

I, the undersigned, hereby declare that all the information provided herein is truthfully given to the best of my ability and knowledge and request that Assumption Life make the changes indicated.

_____ _____ _____ _____

Signature of Owner(s) Date *Title Witness (18 years or over)

_____ _____ _____

Signature of any existing beneficiary, if necessary Date Witness (18 years or over)

*If the owner is a body corporate (corporation, association, etc.), the signature and title of the authorized individuals is required.

Assumption Mutual Life Insurance Company, doing business under the name Assumption Life

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