|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **To:** | | | | | | | | | | | | | | | | | | | |  | |  | **From: ATB Financial** | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | |
| (Head Office of Company) | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Re Policy No. | | | | | |  | | | | | On Life of | | | | |  | | | | | | | | | | for $ |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We enclose in duplicate, assignment of the above-described policy in favor of Alberta Treasury Branches. Please return one copy of the assignment with your acknowledgement on the attached form, showing thereon the following information pertaining to the policy. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (1) Name of Present Beneficiary: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2) The | | | | | annual | | | | Premium due on | | | | | | | |  | | | | | | | |  | has been paid in cash. | | |
| half-yearly | | | |  | has been advanced under Automatic Premium Loan provision. | | |
| quarterly | | | |  | is outstanding. | | |
| monthly | | | |  |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (3) Present Cash Surrender Value $ | | | | | | | | | | | | |  | | | | | | | | | | | which includes Accumulated Dividends, if any, of | | | | |
|  | $ | | |  | | | | | | . | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (4) Policy and Automatic Premium Loans, if any, total $ | | | | | | | | | | | | | | | | | | |  | | | | | | | | | , which includes Accrued Interest of |
| $ | | |  | | | | | | | to | |  | | | | | | | . | | | | | | | | | |
|  | | | | | | | | | | | | (Date) | | | | | | |  | | | | | | | | | |
| (5) Other Prior Registrations: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (6) \* Age of Assured has | | | | | | | not been | | | | | | | | Admitted. | | | | | | | | | | | | | |
|  | | | | | | | been | | | | | | | |  | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | (\* If age not admitted, please indicate whether or not your company would require proof of age should policy become claim.) | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (7) Branch office of record: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (8) Other pertinent information, if any, pertaining to this policy. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your usual prompt attention will be appreciated. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | |
| (Date despatched-Use date stamp) | | | | | | | | | | | | | | | | | |  | | | Manager | | | | | | | |