



To:

From: ATB

RE: Policy No. On Life of for \$

We enclose in duplicate, assignment of the above-described policy in favor of ATB Financial, previously Alberta Treasury Branches ("ATB"). Please return one copy of the assignment with your acknowledgement on this form, showing thereon the following information pertaining to the policy. Your prompt attention is appreciated.

(1) Name of Present Beneficiary:

(2) The annual half-yearly quarterly monthly Premium due on
 has been paid in cash has been advanced under Automatic Premium Loan provision is outstanding

(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 _____

(5) Other Prior Registrations:

(6) * Age of Assured has not been been admitted.

(* 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.

We/I acknowledge the above information to be correct as at this date:

_____ (Date despatched)

Please print name and position

Signature