

ABBREVIATED PREMIUM REQUEST

Policyowner Disclosure and Acknowledgement

(This form must be signed when requesting abbreviated premiums for any policy)

Disclosure

The term "abbreviated premiums" refers to the process of having dividends and/or cash value of existing dividend credits applied to the payment of both current *and future* premiums as they come due on the anniversary date of a policy. This method of managing policy premiums should NOT be confused with "Paid-Up" which means no further premiums are due and which guarantees the continuation of coverage regardless of future dividends.

The policyowner, when requesting abbreviated premiums, should be aware that dividends and dividend credits may NOT be sufficient to pay premiums at some point in the future. If paid in sufficient amounts, dividends WILL reduce the number of annual premiums that must be paid in cash. HOWEVER, if the annual dividends paid in the future are reduced or eliminated, CASH PAYMENTS MAY BE REQUIRED TO CONTINUE COVERAGE, according to the terms of the policy.

Dividends and any figures depending on them, reflect investment, mortality, expense and federal income tax experience. Any policy illustration, or other written or verbal communication of the status of past or current dividends should not be construed as guarantees nor estimates for the future.

Dividends paid will reflect actual experience and are subject to changes in the rate of return on the Company's new investments and may differ from any past or current dividend illustrated.

ABBREVIATED PREMIUM REQUEST AND ACKNOWLEDGEMENT

Policy Number: _____

I, _____ request abbreviated premiums for the above captioned policy, to be effective with the
(Policyowner)

premium due on the policy anniversary date of _____

MM-DD-YY

I hereby acknowledge that I have read the above disclosure. I understand that future dividends and dividend credits, if any, may not be sufficient to pay premiums as they come due, and that additional cash premium payments may be required to continue coverage, according to the terms of the above policy.

Policyowner Signature: _____ Date: _____

Policyowner Signature: _____ Date: _____



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