

NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

To: American Health & Life Insurance Company

1420-380 Wellington St.
London ON N6A 5B5

Date: _____ (date of sending of notice)

Pursuant to section 441 of the Act respecting the distribution of financial products and services, I hereby rescind insurance contract no.:

Group Policy Number: _____

Branch Number: _____

Account Number: _____

Entered into on: _____ (date of signature of contract)

In: _____ (place of signature of contract)

_____ (name of client)

_____ (signature of client)