



Notice of withdrawal

Policyholder: CN, CP, Via Rail or Other Rail Enterprises Unions

Policy No. 13751

Local No.

Certificate No.

Participant's Family Name Given Name(s)

Date of Birth Y M D

Statement I have reviewed all of the benefits provided under the above-numbered group policy and I hereby give notice of withdrawal of participation in the group coverage. I am aware that the policyholder shall have no obligation to replace the benefits to which I would have been entitled by participating in this plan and that I will be required to provide satisfactory evidence of insurability in order to join the plan at a later date.

Such withdrawal is effective on Y M D (cannot be prior to the date of the withdrawal notice)

Reason for withdrawal

Signature of Employee

Date