

MONEY ORDER / BANK DRAFT / FUNERAL HOME CHEQUE FORM

I, the undersigned, acknowledge that:

- 1. I have purchased the following money order/bank draft in the amount of \$ _____ for my application for insurance with The Equitable Life Insurance Company of Canada.
- 2. \$ _____ was given to the funeral home to pay for my application for insurance with The Equitable Life Insurance Company of Canada via money order/bank draft or funeral home cheque.

Funeral Home Enroller's Signature

Applicant's Signature

Date

Applicant's Name (please print)