



AllstateTM
BENEFITS

REQUEST TO EXERCISE PORTABILITY PRIVILEGE
ALLSTATE CRITICAL ILLNESS

Proposed Insured		<input type="radio"/> Emp <input type="radio"/> Child	<input type="radio"/> M <input type="radio"/> F	Age	Date of Birth
Home Address		City, Province and Postal Code			Home Phone Number
Primary Beneficiary – Full Name		Age	Relationship		Contingent Beneficiary – Full Name
					Age
				Relationship	
Product or Plan		Face Amount			Mode Premium Monthly
					\$
Existing Certificate Number		Issue Date			

Has any proposed insured used tobacco in the past 12 months? Yes No

Signed at: _____ City/Province: _____ Date Signed: _____

Signature of Proposed Insured: _____

AICC16716AB

Mail to address below or scan to csr-allstate@rwam.com

Allstate Insurance Company of Canada
Home Office: Markham Ontario
Allstate Benefits: 49 Industrial Drive, Elmira, Ontario N3B 3B1