

STOP ORDER

Date: _____

Dear Sir,

Re: _____ **P/No.** _____ **Policy No.** _____

The above Life Insurance Policy(ies) has/have been cancelled/surrendered/filed incomplete/matured.

We request you to stop further deductions towards the same with immediate effect. Please note the following:

- (a) A copy is forwarded to you to ensure that the stop order is effected immediately.
- (b) No refund will be made from our end until we have received a written confirmation that the stop order is affected.
- (c) No refund will be made on issued policies **UNLESS** the employer deducts further premium after the STOP order.

Yours Faithfully,

For: CFC Life Assurance Ltd.

Accounts Department

cc: _____

Agency Manager: _____