FORM C.

Form of Declaration to accompany the Statement.

Province of County of

President, and

Secretary of

Company being duly sworn, depose and say, and each for himself says, that they are the above described officers of the said company, and that on the day of

last all the above described assets were the absolute property of the said company, free and clear from any liens or claims thereon, except as above stated and that the foregoing statement, with the schedules and explanations hereunto annexed and by them subscribed, are a full and correct exhibit of all the liabilities, and of the income and expenditure, and of the general condition and affairs of the said company, on the said day of

last, and for the year ending on that day, according to the best of their information, knowledge and belief, respectively.

Signatures.

Subscribed and sworn to before me, this day of A.D. 1× . 38 V., c. 20, s 20; -40 V., c. 42, s. 20.

FORM D.

In the matter of the

(here insert

name of the company). Notice is hereby given that the Minister of Finance has, pursuant to the thirty-third and thirty-fourth sections of "The Insurance Act," directed assets to be retained, sufficient in amount to cover the full equitable net surrender value of the policies in the above company (including bonus additions and accrued profits) which have not been transferred or surrendered or in respect of which opposition has been filed as provided by the said thirty-third section; and the assets so retained are hereby tendered to the aforesaid policy holders pro rata according to the aforesaid values of their respective policies. A list of such policy holders and of the amounts tendered to them respectively is hereinunder given, and notice is hereby given that any policy holder not signifying in writing to the Superintendent of Insurance his acceptance of the amount hereby tendered to him on or before the

day of , A.D. 18 , shall be deemed to have refused the same, and the amount tendered, may, pursuant to the said Act, be paid over to the company.

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