



## LIFE INSURANCE CASH SURRENDER

THE ORIGINAL CONTRACT OR AN AFFIDAVIT IN LIEU OF LOST OR DESTROYED CERTIFICATE MUST ACCOMPANY THIS FORM.

ASSEMBLY/CIRCLE: \_\_\_\_\_

DATE: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

Certificate #: \_\_\_\_\_

Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Insured Member: \_\_\_\_\_

Owner (if other than insured):  
\_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

## SURRENDER FOR CASH VALUE

I request payment of the net cash value in exchange for surrender of the attached policy.

CASH VALUE \$ \_\_\_\_\_

No liens are pending against the policy, except as follows:

## AGREEMENT AND AUTHORIZATION

\_\_\_\_\_  
Signature Of Witness

\_\_\_\_\_  
Signature Of Policy Owner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

Date \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_