

## LIFE INSURANCE CASH SURRENDER

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

Assembly/Circle: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

Address: \_\_\_\_\_  
Street City State Zip

### 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 City State Zip

\_\_\_\_\_  
 Date