



REQUEST TO CANCEL POLICY WITH NO CASH VALUE

In consideration of policy number _____

issued on the life of _____

I hereby surrender said policy for cancellation as of the _____ day of _____, _____
Day Month Year

I understand, acknowledge and agree that the policy will no longer be in force and that no benefits will be payable upon the death of the insured. It is expressly represented and warranted that no other person, firm, corporation or other entity has any interest in the policy except the undersigned and that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned.

Signed at _____, _____
City State

this _____ day of _____, _____
Day Month Year

Owner's social security number is: _____

Co-Owner's social security number is: _____

Owner's Name (printed)

Owner's Signature (Always Required)

Owner's email address

(_____) _____
Owner-Day time phone: __Home __Cell __Work

Co-Owner's Name (printed)

Co-Owner's Signature (Required if Co-Owner exists)

Co-Owner's email address

(_____) _____
Co-Owner-Day time Phone: __Home __Cell __Work