



# American Life & Security Corp.

Administrative Office

PO Box 717 \* Frankfort, KY 40602-0717

Phone: 877.758.9333 Fax: 502.875.7084

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

**X** \_\_\_\_\_  
Owner's Name (printed)

**X** \_\_\_\_\_  
Owner's Signature (Always Required)

\_\_\_\_\_  
Owner's email address

( )  
Owner-Day time phone:  Home  Cell  Work

**X** \_\_\_\_\_  
Co-Owner's Name (printed)

**X** \_\_\_\_\_  
Co-Owner's Signature (Required if Co-Owner exists)

\_\_\_\_\_  
Co-Owner's email address

( )  
Co-Owner-Day time phone:  Home  Cell  Work