



DIVIDEND CASH SURRENDER

ASSEMBLY/CIRCLE: _____

DATE: _____ / _____ / 20_____

Certificate #: _____

Phone #: (_____) _____ - _____

Insured Member: _____

Owner (if other than insured):

Social Security #: _____ - _____ - _____

Address: _____

SURRENDER DIVIDENDS FOR CASH VALUE

I request payment of the net cash value of all dividends currently in my 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_____