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## DIVIDEND CASH SURRENDER

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

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

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

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

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

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

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## AGREEMENT AND AUTHORIZATION

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Policy Owner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Date