

## DIVIDEND CASH SURRENDER

Insured Member: \_\_\_\_\_ Assembly/Circle: \_\_\_\_\_

Owner (if other than insured): \_\_\_\_\_ Certificate #: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

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

The Original Contract is  Enclosed  Lost or Destroyed

## AGREEMENT AND AUTHORIZATION

I further agree that this DIVIDEND cash surrender shall be governed by the Dividend section in my NSS Life Insurance Contract and shall terminate the existing dividends in this contract with NSS Life.

Please be sure to also attach a Dividend Election form (available on our website) to change your dividend election for any future dividends paid on this contract.

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

Street \_\_\_\_\_  Check if New Address

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

Date \_\_\_\_\_