



LIFE INSURANCE 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 in exchange for surrender of the attached 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 FULL cash surrender shall be governed by the Cash Value section in my NSS Life Insurance Contract and shall end this contractual agreement with NSS Life.

I hereby waive and relinquish for myself and my beneficiaries any and all rights to the benefits, of any nature whatsoever, in the above mentioned NSS Life Insurance Contract.

Signature of Owner _____

Street _____ Check if New Address

City _____ State _____ Zip _____

Date _____