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:_____

_____

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

_____   ☐ Check if
Street   New Address

_____
City   State   Zip

_____
Date

National Slovak Society of the USA 1301 Ashwood Drive, Canonsburg, PA 15317-4988 **Telephone** (724)731-0094 **Fax** (724)949-0413 **www.nsslife.org**

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