



## 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 \_\_\_\_\_