



PO Box 926169
Houston, TX 77292
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Voluntary Benefits Whole Life Cash Surrender, Dividend Withdrawal, Cancellation and Loan Request Form

(Policy Required if indicated)

Insured's Name: _____ Policy Number: _____
Owner's Name: _____ Owner's Social Security Number: _____
Owner's Address: _____
City: _____ State: _____ ZIP: _____
Owner's Telephone: (____) _____

Section A – Surrender of Policy for Cash Value Less any Indebtedness *(Policy Required)*

Check one box:

- Policy attached or
- Policy is lost and cannot be found

Section B – Cancellation of Whole Life Policy Only – NO CASH VALUE

- I hereby request to cancel my policy. This policy has no cash value.

Section C – Withdrawal of Dividends

- Cash Surrender of Paid-up Additions/Accumulations
- \$ _____ of Paid-up Additions/
Accumulations

Section D – Policy Loan

- \$ _____ Specify Amount
- Maximum Loan

(Interest is payable annually in advance of the Policy Anniversary date, at the rate stated in the policy. If the interest is not paid, it is added to the loan. The Policy Loan is a first lien on the policy.)

With respect to any funds received for loan, surrender, or withdrawal of dividends, the undersigned hereby warrants that no one other than the undersigned has any interest in or claim on said policy and that no proceeding in bankruptcy has been instituted.

Signature of Policyowner

Date