



**REQUEST FOR TERMINATION OF INSURANCE POLICY AND
WITHDRAWAL OF CASH SURRENDER VALUE**

TO: POLICY SERVICE DEPARTMENT

Name of Policyowner/Insured: _____ Date: _____

This is to inform your office of my desire to terminate my Insurance Policy Number _____ and withdraw the corresponding Cash Surrender Value and dividend, if any, less any indebtedness as follows:

Cash Surrender Value	.....	P	_____
Add: Unearned interest on Loan	.....		_____
Unearned premium	.....		_____
Unearned Interest on premium	.....		_____
Policy Loan Deposit	.....		_____
Dividends	.....		_____
TOTAL	.....	P	_____
Less: Policy Loan	.....	P	_____
Overdue Interest	.....		_____
Premium Due Arrears	.....		_____
Overdue Interest	.....		_____
Surrender Charge	.....		_____
Service Fee	.....	P	_____
TOTAL NET / DUE	.....	P	=====

Upon favorable consideration of the above request and surrender of my Policy for cancellation, the actual payment of the net proceeds thereof will constitute full settlement and waiver of all rights and claims on the said policy.

Address of Insured

Signature of Insured / Policyowner

Signature of Irrevocable Beneficiary/ies

Assignee (if any)

Signature of Irrevocable Beneficiary/ies

Witness

Prepared by: _____ Approved by : _____