



POLICY SURRENDER FORM

Name of Insured:			
Policy Number(s):			
Paid To:			
Telephone No(s):	Home	Work	Cell

Please make the payment and any changes indicated below.
Both of the undersigned parties represent that s/he has reached the age of majority.
The payment is to be made to: *(if both applicable, complete both blocks)*

The undersigned

Family Guardian Insurance Limited to be applied to: _____

SURRENDER IN THE AMOUNT OF: _____

Reason for Surrender:

To apply funds to another policy

OTHER: _____

Cash Surrender *(This Terminates the Policy)*
Pay the Net Cash Value of the policy in accordance with its provisions.
The Company is hereby discharged from all liability under the said policy other than the payment hereby requested.

Maturity/Partial Withdrawal *(Annuity Policies Only)*

Gross Amount	_____
Less Surrender Charges	_____
Net Amount of Maturity or Partial Withdrawal	\$ _____

Pay the sum of _____ being part of the Cash Value of the policy, in accordance with the provisions thereof.

Dated at: _____ **this** _____ **day of** _____, **20** _____

X _____

() **Witness**

X _____

() **Owner/ INSURED**

X _____

X _____