



LifeShield

NATIONAL INSURANCE CO

REQUEST FOR POLICYOWNER SERVICE

Policy Number: _____ Insured: _____

The undersigned authorize(s) LifeShield National Insurance Co. to honor the service request(s) indicated below:

SURRENDER REQUEST

Surrender for total cash value of the policy (send policy), SSN Required below.

I understand and agree that:

1. This request is subject to all the provisions of the policy.
2. The company is not liable for any action it takes before receiving and acknowledging this request.
3. This request is subject to the terms of any collateral assignment recorded against the policy. The company is not responsible for the validity of any assignment.
4. LifeShield National Insurance Co. makes no representations as to the taxability or exemption from taxability with respect to any request.

Owner Signature: _____ Date: _____

MOWNNAME

Owner SSN: XXX-XX-_____

Owner

Address _____

Notary signature required *only* if requested by the company:

BEFORE ME, the undersigned Notary Public, on this date, personally appears _____ known to me to be the person whose name(s) is (are) subscribed to the foregoing instrument and acknowledged to me that he/she executed same for the purposes and consideration therein expressed, and in the capacities therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this _____ day of _____, 20_____.

whose commission expires ____ / ____ / ____.

Notary Seal/Stamp