



LIFE INSURANCE COMPANY
of Alabama

HOME OFFICE
P. O. BOX 349
GADSDEN, ALABAMA 35902
Phone: (256) 543-2022

We are sorry you no longer wish to continue with your life or annuity policy. If you have a health policy you wish to cancel, please send a written request with your signature.

In order to comply with your request, it will be necessary for you to sign the following surrender form, have your signature witnessed by someone other than a family member and return to us along with the policy. If you are unable to locate your policy, please sign the lost policy affidavit at the bottom of the form.

If you have any questions, please call 1-800-226-2371.



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GADSDEN, AL 35902**

SURRENDER FORM

In consideration of and in exchange of the Cash Value in **Policy Number** _____, I, _____, hereby surrender said policy for cancellation. In accordance with the terms of the policy, it is agreed that any indebtedness thereon to the Company will be deducted from the Cash Value. Said Cash Value is accepted in full settlement and complete satisfaction of all rights, claims and demands under said policy. It is expressly represented and warranted that not other person, firm, or corporation has any interest in said policy except the undersigned and that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned.

DATE:

OWNER:

Social Security No: _____

WITNESS (Non-Related):

If you are unable to locate your policy, or if it has been destroyed, please sign here:

OWNER: