

POLICYOWNER SURRENDER REQUEST

Return to:
PO BOX 833879
RICHARDSON TX 75083-3879



(972) 699-2770

- Champions Life Insurance Company
- Central Security Life Insurance Company
- Western American Life Insurance Company
- _____
(Hereinafter referred to as the Company)

Please print name of insured (First, Middle, Last) _____

As owner of policy number _____, I hereby apply for the cash surrender value of the listed policy and hereby release and forever discharge the Company from all manner of claims and demands whatever arising under or by reason of said policy. The surrender and termination of the policy shall be effective the date this form is signed. **For us to complete your surrender, you MUST enclose your policy or check the Lost policy statement below.**

- Lost Policy Statement:** The undersigned certifies that the policy identified by the number shown above has been lost, destroyed or stolen and that no person, partnership, corporation, or other entity has any claim or interest in the policy or its benefits by virtue of any gift, sale, assignment, pledge, property settlement, divorce, or other court action.

Owner Signature (seal)

Print Owner Name Social Security Number

Address City/State/Zip

(Area code) phone number Date

Joint Owner Signature *if applicable* (seal)

Print Joint Owner Name *if applicable* Social Security Number

Address City/State/Zip

(Area code) phone number

Signature Must be Notarized

Subscribed and sworn to before me this _____ day of _____, 20____

(Notary Public) Commission expires: _____