

Surrender and Cancellation of Policy

This form has been prepared for your convenience by Wm. J. (Bill) Clarke. Make certain that it will carry out your intentions before signing. Neither the life insurance company nor Bill Clarke can be responsible for the validity or sufficiency of the completed form. Date and sign the form in the spaces indicated and return to the company.

Company Name:

Policy Number:

Life(ves) Insured:

Policy Owner(s):

Policy Owner(s) Address:

The undersigned surrender and/or cancel the above policy and request payment of the cash surrender value, if any, less any indebtedness and/or Market Value Adjustment. Execution of this form and its receipt by the Company cancels the policy and all its benefits except the right to receive payment, if any.

The undersigned state that no other person has any vested interest in the policy and each of the undersigned has reached the age of majority.

Special Instructions:

Date Policy Owner(s) Irrevocable / Preferred Beneficiary

Date Authorized Officer (Title) Authorized Officer (Title)

Date Collateral Assignee (Title) Collateral Assignee's Seal / Bank Stamp
(Authorized Bank Official)

For the use of the Home Office of the Company below this line