



AMERICAN FRATERNAL UNION

PO Box 59 • Ely, MN 55731-0059 • (218) 365-3143

REQUEST FOR PARTIAL CASH SURRENDER OF ANNUITY CERTIFICATE

Name of Insured	Policy Number
Amount Requested	

In accordance with the terms of this Annuity Certificate, I hereby request a partial cash surrender. I understand that when a partial cash surrender is paid, any amount charged to the guaranteed value will be charged as of the date of partial surrender and carried forward in the subsequent accumulation of the guaranteed value.

It is expressly represented and warranted that no 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

Signature of Policyowner

Witness to Signature of Policyowner

Signature of Spouse
(If community property state)

Witness to Signature of Spouse

Signature of Beneficiary
(If irrevocable)

Witness to Signature of Beneficiary

Signature of Assignee
(If any)

Witness to Signature of Assignee

SEND CHECK TO THE FOLLOWING ADDRESS

