



## AMERICAN FRATERNAL UNION

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

### REQUEST FOR SURRENDER AND CANCELLATION OF CERTIFICATE

Name of Insured	Policy Number
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In consideration of and exchange for the cash value in this certificate, I hereby surrender said certificate for cancellation.

In accordance with the terms of the certificate, it is hereby agreed that any indebtedness thereon to the American Fraternal Union 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 certificate.

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 – **Notary Public**

\_\_\_\_\_  
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

**Policy must be returned with this request.**

SEND CHECK TO THE FOLLOWING ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_