

**POLICYOWNER SURRENDER
REQUEST**

Return to:
PO BOX 833879
RICHARDSON TX 75083-3879



(972) 699-2770

- 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.

Owner Signature (seal)

Print Owner Name Social Security Number

Address City/State/Zip

(Area code) phone number Date

Owner Signature Must Be Notarized by a Non-Family Member

Signed before me this ____ day of _____, 20____

(Notary Public) Commission expires: _____

Joint Owner Signature (if applicable) (seal)

Print Joint Owner Name (if applicable) Social Security Number

Address City/State/Zip

(Area code) phone number

Joint Owner Signature (if applicable) Must Be Notarized by a Non-Family Member

Signed before me this ____ day of _____, 20____

(Notary Public) Commission expires: _____