AMERICAN SAVINGS LIFE INSURANCE COMPANY

935 E. Main Street, Suite 100, Mesa, AZ 85203 ▪ 480-835-5000 ▪ 1-800-880-2112

LIFE INSURANCE POLICY SURRENDER FORM

To: American Savings Life Insurance Company ("the Company")
Policy No:
Name of Insured:

I, , declare the following:

I am the owner of the above-referenced American Savings Life Insurance Company policy.

I hereby surrender said policy to the Company for payment of its full cash value of approximately $, (IF YOU CURRENTLY HAVE A POLICY LOAN: less the outstanding policy loan of approximately $, for a net check of approximately $).

I understand that surrendering this policy means it cannot be reinstated, the $ policy face value/death benefit is terminated, and the policy's value becomes limited to the payment of its full cash value.

I am enclosing herewith (check one):

- ○ the original policy, or
- ○ a completed Affidavit of Lost Policy, with my signature notarized.

I certify to the Company that (check one):

- ○ No Bankruptcy proceedings have been filed by or against me while this policy was in force, nor are any such proceedings now pending.
- ○ A Bankruptcy proceeding has been filed by or against me while this policy was in force, but such proceedings are either dismissed or discharged, and a copy of such dismissal or discharge is enclosed herewith.

Owner's Signature: Date Policy Surrendered:

_____ _____

, Policy Owner

STATE OF _____)
) ss.
COUNTY OF _____)

This instrument above was acknowledged before me this ____ day of _____, 201 , by: , Policy Owner

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

_____ _____

My Commission will expire Notary Public