

AMERICAN SAVINGS LIFE INSURANCE COMPANY

(480) 835-5000 • 1-800-880-2112
935 East Main Street, Suite 100
Mesa, AZ 85203-8849

LIFE INSURANCE POLICY SURRENDER FORM

To: American Savings Life Insurance Company ("the Company")

Re: Policy # Name of Insured:

I, _____, declare the following:
Policy Owner's Name

1. I am the owner of the above-referenced American Savings Life Insurance Company policy.
2. 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 \$ _____).
3. I understand that:
 - a. surrendering this policy means it cannot be reinstated,
 - b. the \$ _____ policy face value/death benefit is terminated, and
 - c. the policy's value becomes limited to the payment of its full cash value.
4. I am enclosing herewith (check one):
the original policy, or
a completed Affidavit of Lost Policy, with my signature notarized.

Date Policy Surrendered:

OWNER'S SIGNATURE:

Signature: _____

Street Address

City State Zip Phone #: