

**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 #s:

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.

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 the original policy, or a completed Affidavit of Lost Policy, if the original cannot be located.

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:

\_\_\_\_\_

\_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) ss. This instrument above was acknowledged before me  
 COUNTY OF \_\_\_\_\_ ) this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
 by:

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

My Commission will expire \_\_\_\_\_

Notary Public