



P.O. Box 9371, Des Moines, Iowa 50306-9371  
1-800-247-2190

## PARTIAL CASH SURRENDER VALUE REQUEST

I hereby request a partial surrender of Policy Number \_\_\_\_\_ issued on the life of \_\_\_\_\_ in exchange for a partial surrender from the Cash Value of the Policy.

I understand that the Policy is to remain in force under the terms of the original Contract and/or any amendments attached to the Policy.

I represent that no other persons, firm or corporation has any interest in the Policy, except me. I also represent that no insolvency or bankruptcy proceedings have been instituted or are pending against me.

I agree that the \$25.00 surrender fee will be deducted from either the requested partial surrender amount of \$ \_\_\_\_\_ or from the remaining Cash Value.

Select one:

- Surrender fee to be deducted from the amount of partial surrender
- Surrender fee to be deducted from the remaining Cash Value

\_\_\_\_\_ Date

\_\_\_\_\_ Owner's Signature

Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that a community property interest does not exist and the Company assumes no responsibility for further inquiry regarding the status of such interest. The insured and/or policyowner signing this form agrees to indemnify and hold the Company harmless from the consequences of accepting this transaction.