Administrative Office
PO Box 224
Brownwood, TX 76804
Phone: (800) 604-8002
Fax: (325) 643-4043

Liberty Bankers Life Insurance Company

CANCEL/SURRENDER REQUEST FORM

Policy No:	Name of Owner: Name of Insured:
Social Security/Tax ID #:	(IF APPLICABLE) Address to mail refund:

I, , declare the following:
I am the owner of the above-referenced Liberty Bankers Life Insurance Company policy and hereby surrender said policy to Liberty Bankers Life Insurance Company for payment of its full cash value.

I understand that by surrendering this policy and by requesting that my accumulated cash value be paid to me; all of the life benefits provided to the insured under this policy are hereby terminated and that coverage cannot be reinstated.

Do you have your original policy(ies)? __ Yes __ No

If yes, please send your original policy(ies) in with this form(s).

I certify to Liberty Bankers Life Insurance 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.
- ☐ Bankruptcy proceedings have 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.

U.S. TAXPAYER CERTIFICATIONS: Under penalties of perjury, I certify that (1) the Social Security Number or Tax ID number provided on this form is correct, that (2) (A) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, or (B) I am subject to withholding and the required amount of that withholding is ___%, and that (3) I am a U.S citizen or other US person as defined by the IRS.
NON-RESIDENT ALIEN STATUS: If you are a Non-Resident Alien, check below:
__ Under penalties of perjury, I certify that I am a Non-Resident Alien (The amount paid to you will be subject to 30% withholding, unless you submit an IRS Form W-8, and are entitled to claim a reduced rate of withholding under the applicable US tax treaty.)

Owner's Phone Number:

Owner's Signature:	Date:
Witness Signature	Date:

For your protection, all policy change requests are verified using the policy owner's signature we have on file.