POLICY CANCELLATION REQUEST
Mail to: PO Box 2549, Waco TX 76702-2549
Scan to: pos@aatx.com or Fax to: 254-297-2105

Please use dark ink and print all information other than signatures.

Policy Number: _____ **Insured's Name:** _____
(PLEASE PRINT)

Policy Owner's Name: _____ **DOB:**_____
(PLEASE PRINT)

Address: _____
(PLEASE PRINT)

City, State, Zip: _____
(PLEASE PRINT)

SS#: _____ **Phone No:** _____

Email Address: _____

I wish to cancel my policy and receive any policy values due me.

Reason for cancellation: _____

___ **Direct deposit to my bank account. A voided check (or clear copy) is attached below. Please note that if the disbursement exceeds $25,000.00, a check will be mailed to the address shown above.**

___ **The check will be mailed to the address above. (If the check is not received within 30 days from the date mailed, please contact our office to have a replacement check issued.)**

If there is a taxable gain on the cash surrender value, the Company will report the gain to the IRS and you will be mailed a 1099-R at the end of next January. Unless the box below is checked, taxes will be withheld from the distribution and sent to the IRS.

☐ **Do NOT withhold taxes**

FOR SECURITY REASONS, HANDWRITTEN SIGNATURES ARE VERIFIED ON ALL REQUESTS OVER $5,000.00. SINCE SIGNATURES MAY CHANGE OVER TIME, PLEASE INCLUDE A CLEAR COPY OF A FORM OF ID WITH YOUR CURRENT SIGNATURE.

Policy Owner's Signature: _____**Date:** _____

PLACE VOIDED CHECK HERE

9-digit Transit/ABA Number: _____ **Account #:**_____

Account Holder(s) Name:_____

Type of Account: Checking(___) Savings(___)

Ed. 06-14