CICA LIFE OF AMERICA
A CITIZENS COMPANY

Superior Choice
POWERED BY ALLEGIANT WEALTH GROUP

POLICY OWNER'S CANCELATION REQUEST
CICA Life Insurance Company of America

Policyholder Services • P.O. Box 149151 • Austin TX 78714-9151 • E-mail: PHS.USA@citizensinc.com

Policy Number (10-digits):	Insured:	Owner (If other than Insured):	Date:

Cancel Policy	**Note: Coverage will end as of the current paid-to-date (cancelations within 30 days of receipt of policy will follow contract provisions).** **Reason for Cancelation: _____** **Please submit a copy of your government issued ID for signature verification; if no government ID you may have a notary witness your signature.**

Notary Public please use the blank space (in-lieu of government issued ID):

----------**SIGN BELOW FOR THE ABOVE REQUEST** ----------

Signature of Witness _____

Printed Witness Name _____

Signature of Policy Owner _____

Date _____