AARP® | Life Insurance Program from NEW YORK LIFE

P.O. Box 30712 • Tampa, FL 33630-3712
nylaarp.com/service

Cancellation Request Form

» Please complete each field, sign and return it in the envelope provided. Please print clearly. A confirmation of the cancellation will be sent to the owner.

Contract Information

IMPORTANT: All required fields must be correctly completed in order for this request to be processed.

Owner Name **(required)** | Certificate/Contract Number **(required)**

Owner Address **(required)** | City | State | Zip Code

Owner Date of Birth **(required)** | Owner SSN - last 4 digits **(required)**

Coverage Cancellation

Please indicate which coverage you would like to cancel:

☐ Please check this box if you would like to cancel **only the rider(s)** attached to this contract; your base coverage will remain active.

☐ Please check this box if you would like to cancel your full coverage, which includes the **base coverage and any rider(s)** attached to this contract.

Owner Must Sign

If an assignee or irrevocable beneficiary (beneficiary whose designation cannot be changed without consent) is recorded for this contract, their signatures are also required.

Owner Signature **(required)** | Date

Irrevocable Beneficiary Signature **(if applicable)** | Date

Collateral Assignee Signature **(if applicable)** | Date