Date 10/23/2023

Name Jacob Garrison

Birthday 12/15/1986

SSN 123 45 **6789** Phone: 937-697-1737

Address 1737 Wilimington Rd Cedarville OHIO 45314

Company #1 Lincoln Heritage Lincoln Heritage **Generate Form**

Policy #1 27-1234566

Company #2 American Amicable AmAm **Generate Form**

Policy #2 1234567

Company #3 AARP AARP **Generate Form**

Policy #3 NY-1893792

Encova = Motorist
Cuna Mutual = Trustage

STOP BANK DRAFT IMMEDIATELY

Dear Lincoln Heritage. This is in regards to my insurance policy,

number(s) 27-1234566

My name is Jacob Garrison. My Date of Birth is

12/15/1986 and the last four of my social are 6789.

It is **imperative** that you cancel ANY and ALL future drafts from my bank account or debit/credit card. Again, do not draft ANY further premiums from my account from this date (immediately) forward. You may send me a direct bill. I recognize that your company may not allow monthly direct bill and, if so, please send me a quarterly bill.

My decision is final, and I do NOT want anyone from your company to call me on the phone or stop by. I want to be placed on your "Do NOT Call List."



Signed

10/23/2023

Date

Lincoln Heritage Life Insurance Co.
4343 E. Camelback Rd., Phoenix, AZ 85018
800-438-7180 602-808-0521 (fax) E-Mail – service@lhlic.com

Surrender/Cancellation Form

Policy # 27-1234566 Insured Name Jacob Garrison

Owner (if other than Insured)_____ NTO_____

Instructions for completing this form

1. This form must be completed in ink and cannot be altered by the use of correction fluid.
2. Please print legibly.
3. The policy owner must complete and sign the form.

SURRENDER / CANCELLATION

I request cancellation of the attached policy. I understand that all coverage provided under this policy will end in accordance with policy provisions. I understand that I will receive any cash value that my policy may have, and I hereby attest that no bankruptcy proceedings are outstanding against me, and no liens are pending against the policy except as follows:_____.

_____ 10/23/2023

Signature of Owner **Date**

123 - 45 - 6789 ( ) 937-697-1737

Social Security Number Telephone Number

_____

E-mail Address

STOP BANK DRAFT IMMEDIATELY

Dear American Amicable. This is in regards to my insurance policy,

number(s) 1234567

My name is Jacob Garrison. My Date of Birth is

12/15/1986 and the last four of my social are 6789.

It is **imperative** that you cancel ANY and ALL future drafts from my bank account or debit/credit card. Again, do not draft ANY further premiums from my account from this date (immediately) forward. You may send me a direct bill. I recognize that your company may not allow monthly direct bill and, if so, please send me a quarterly bill.

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Signed

10/23/2023

Date

POLICY CANCELLATION REQUEST

Mail to: POLICY SERVICE DEPARTMENT
PO Box 2549 – Waco, TX 76702-2549

OR **Fax To: 254-297-2105**

Policy Number: 1234567

Name of Owner: Jacob Garrison (PLEASE PRINT) **Insured's Name:** Jacob Garrison

Address: 1737 Wilimington Rd **City, State, Zip:** Cedarville OHIO 45314

SS#: 123 45 6789 **DOB:** 12/15/1986 **Telephone #:** 937-697-1737

I wish to cancel this policy and receive any policy values, if any, due me.

Reason for cancellation request: Policy replaced

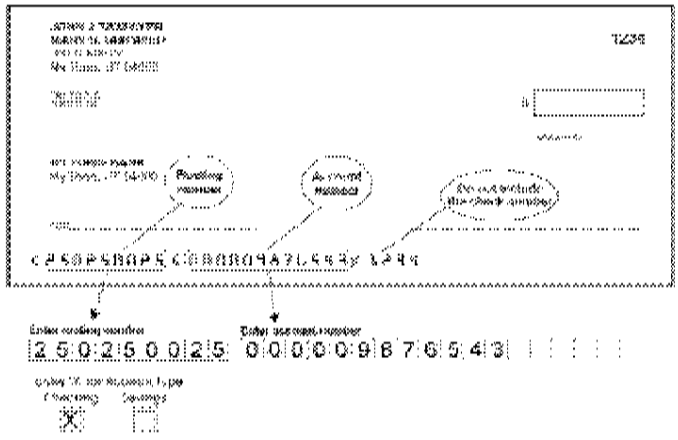
☒ **Mail check to the address above. (If the check is not received within 30 days from the date mailed, please contact our office to have a replacement check issued.)**

☐ **Direct Deposit to my bank account. (Provide complete bank account information below).**
(Direct Deposit is the fastest, most reliable way of receiving your money!)

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:** 10/23/2023

Bank Name – City, State: _____



9-digit ABA / Routing #: _____ **Account #:** _____

Account Holder(s) Name: _____

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

9874(2/20)

STOP BANK DRAFT IMMEDIATELY

Dear AARP. This is in regards to my insurance policy,

number NY-1893792

My name is Jacob Garrison. My Date of Birth is

12/15/1986 and the last four of my social are 6789.

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Signed

10/23/2023

Date

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.

Jacob Garrison	NY-1893792
Owner Name **(required)**	Certificate/Contract Number **(required)**

1737 Wilimington Rd	Cedarville	OHIO	45314
Owner Address **(required)**	City	State	Zip Code

12/15/1986	6789
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.

	10/23/2023
Owner Signature **(required)**	Date
Irrevocable Beneficiary Signature **(if applicable)**	Date
Collateral Assignee Signature **(if applicable)**	Date

STOP BANK DRAFT IMMEDIATELY

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Signature of Owner **Date**

123 - 45 - 6789 ( ) 937-697-1737

Social Security Number Telephone Number

_____

E-mail Address

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Signed

10/23/2023

Date

Attn: Policy Holder Services

Dear Lincoln Heritage

This is in regards to my insurance policy, number 27-1234566

My name is Jacob Garrison

My Date of Birth is 12/15/1986

The last four of my social security number are 6789

I would like to cancel the the aforementioned policy effective immediately.

I elect to have any/all current cash value sent to me in lieu of any reduced paid up, extended term, or other policy options. I elect NOT to have Federal Income Tax withheld from my cash value surrender. I recognize that I am responsible for payment of any tax due on the taxable portion of my distribution and subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate. Such distribution is taxable in the year payment is made.

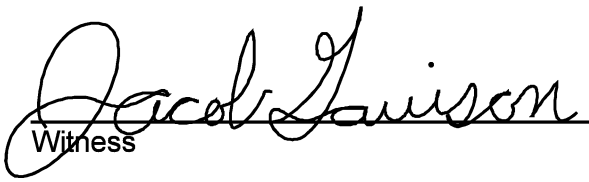
As this is a full surrender I recognize my policy will terminate and thus fully release you from any liability under this/these policies.

I appreciate the service you have provided me thus far but my decision is final, and I do NOT want anyone from your company to call me on the phone or stop by. I want to be placed on your "Do NOT Call List."

At this time I either do not have access to, or the ability, to return my policy to you. Please send any cash values, dividends, or refunds to me at:

1737 Wilimington Rd
Cedarville OHIO 45314

Signed — 10/23/2023 — Date



Witness — 10/23/2023 — Date