FAMILY MATTERS. NO MATTER WHAT.®

REQUEST FOR CASH SURRENDER/USE OF VALUES

Name_____

Residential Address_____

_____

Because we have been entrusted with some of your insurance planning up until now, we feel obligated to point out a few facts you should know about before proceeding with this surrender. Please read the following information carefully.
The enclosed form must be completed and returned to us before your request can be processed.

DO YOU PLAN TO REPLACE YOUR POLICY?

It may be advantageous to exchange your present coverage for a new policy; however, be sure you have all the facts. Be sure that the cash benefits you can expect and the premiums you'll pay compare favorably to the return on your current policy. Be aware that contestability and suicide periods begin again, policy fees are usually higher, and surrender charges may be levied. Finally, remember that dividend and interest rate projections are not guaranteed.

DO YOU NEED READY CASH?

Your policy has a loan provision that allows you to borrow a certain percentage of your policy's available cash value. This advance need not be repaid, although we suggest you pay the nominal annual interest charge. Your cash value can also be used to pay future premiums, if that is your wish.

DOES YOUR POLICY NEED UPDATING?

There may be options and privileges available to change your coverage to fit your current situation. Riders can be added or deleted, coverage reduced or certain plans changed. You owe it to yourself to talk to one of our experienced representatives before making a final decision.

DO YOU NEED MORE INFORMATION?

If we have raised questions in your mind as to the advisability of surrendering your policy, please call us with your questions and requests. Our toll free number is 1-877-624-2249. If you've decided to surrender your policy, please take a moment to tell us why. If we have made mistakes or been unresponsive to your needs, let us know. With your input, we'll work to improve our products and services. Your business has always been important to us, so please consider Boston Mutual in the future when purchasing insurance.

Please check any that may apply.

- ☐ **Premiums too high**
- ☐ **Poor service**
- ☐ **Lack of communication**
- ☐ **Insurance needs have changed**
- ☐ **Buying a new policy from another agent or company**
- ☐ **Other reasons. Please explain:**

Please mail or fax this form and your policy or certificate to Boston Mutual Life Insurance Company, Attn.: CLIENT SERVICES DEPARTMENT, 120 ROYALL STREET, CANTON MA 02021 (781) 770-0575. If you have any questions, please call our Client Services Department at (877) 624-2249.

REQUEST FOR CASH SURRENDER/USE OF VALUES

To avoid any delay in processing your request for cancellation, please complete sections I-V.

SECTION I – POLICY INFORMATION

Please process the following request for Policy #_____ on the life of _____

List any additional policies that you own, that you also wish to cancel. #_____ , #_____ , #_____

- ☐ Send to me in a check, or
- ☐ Other_____

SECTION II – BANKRUPTCY DISCLOSURE STATEMENT *(Required)*

The owner certifies that he or she:

- ☐ **NO,** I am not the subject of bankruptcy proceedings.
- ☐ **YES,** I am the subject of bankruptcy proceedings. *(please see below)*

If you *are* in Bankruptcy, we require written authorization from your court appointed Trustee, which must be on their letterhead and be submitted along with this form.

SECTION III – AUTHORIZED SIGNATURES

The undersigned, as the owner of the above-mentioned policy issued by Boston Mutual Life Insurance Company, hereby elects the surrender of this policy for its cash surrender value, and in consideration of the payment of such value, all rights and interests under the policy are released.

_____ OWNER NAME *(please print)*

_____ DATE

_____ OWNER SIGNATURE

_____ TELEPHONE NUMBER

_____ OWNER SOCIAL SECURITY NUMBER *(Last 4 digits)*

_____ MAILING ADDRESS

_____ RESIDENTIAL ADDRESS *(If Different from Mailing Address)*

_____ Assignee or Irrevocable Beneficiary *(If Applicable)*

_____ SPOUSE SIGNATURE *(For Policies Issued in Community Property States: CA, ID, LA, NV, NM, WA, and WI)*

_____ WITNESS ***(A witness signature is not required but is strongly recommended)***

_____ DATE:

SECTION IV – STATEMENT OF POLICY LOSS *(complete only if policy cannot be found)*

- ☐ I have made a persistent search for this policy, but have no knowledge of its whereabouts.
- ☐ My policy is unobtainable at this time; however, I agree to send it to Boston Mutual Home Office in Canton, MA, if it is located.

SECTION V – OWNER'S NAME CHANGE (*if applicable*)

NEW NAME: _____ REASON FOR CHANGE:_____

Please Note: If other than for a spelling error or for Marriage or Divorce – you must provide proof of the change.