OLD AMERICAN INSURANCE COMPANY

3520 BROADWAY / P.O.BOX 210617 / KANSAS CITY, MO 64121-0617
PHONE: (800) 733-6242 FAX: (816) 303-9800

POLICY SURRENDER FORM

Policy:
Owner:

I have received all the information I need, please process my request.

_____ SURRENDER - Pay all of the value of my policy in cash and terminate any insurance protection for which I surrender the policy.

_____ The policy is enclosed.
_____ The policy was sent with the original request.
_____ The policy cannot be located at this time.

By signing Page 2 and in consideration of the cancellation requested, I hereby agree to (1) indemnify the insurance company against all consequences of having two outstanding documents evidencing the same policy or rider/supplement, and (2) promptly deliver or cause to be delivered and surrendered to the company said policy or rider/supplement herein cancelled in the event that the original document shall be found at any time hereafter.

PLEASE READ AND COMPLETE THE ATTACHED CERTIFICATION INFORMATION AND RETURN PAGES 1 AND 2.

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POLICY SURRENDER FORM

Policy:
Owner:

CERTIFICATION - Under penalties of perjury I certify (a) the number shown on this form is my correct identification number (or I am waiting for a number to be issued), (b) I am not subject to backup withholding due to failure to report interest and dividend income, (c) I am a U.S. person (defined in the instructions below) and (d) I'm exempt from FATCA (Foreign Account Tax Compliance Act) reporting.

CERTIFICATION INSTRUCTIONS. You must cross out item (b) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION TO THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

Signature of Owner _____ Date _____

Address _____ Soc Sec _____

City, State & Zip _____ Phone _____

Signature of Assignee (if applicable) _____

CK:FM5002