Accendo Insurance Company
part of the CVS Health® family of companies and Aetna affiliate
P.O. Box 323
Brownwood, TX 76804

Request For Cash Surrender Value Of Policy

from Accendo Insurance Company

part of the CVS Health® family of companies and Aetna affiliate

- Print clearly and use blue or black ink.
- Make a copy for your records.

1. Instructions

1. The owner/insured must sign the request for cash surrender value and the signature must be witnessed.
2. The original policy, if available, must be returned for cancellation.
3. If the original policy is not returned, the statement of lost policy must be signed by the owner/insured and the signature must be witnessed.
4. All signatures must be in ink and should appear exactly as the names are given in the original policy.

2. Request

I hereby request cancellation of policy and request payment of the cash surrender value thereof. I am enclosing the policy for cancellation (or I have executed the statement of lost policy) and hereby relinquish all right, title and interest that I now have or may hereafter have in said policy by requesting cash surrender value hereof.

Policy number

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Name of person covered

.

Owner/Insured

X

Witness

Date

X

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3. Statement of lost policy

Complete only if the original policy is not being returned.

I hereby certify that the original policy has either been lost, destroyed, stolen or wrongfully converted and is not now in my possession or in the possession of any person or persons legally entitled thereto. I hereby relinquish all right, title and interest that I now have or may hereafter have in said policy by requesting cash surrender values of the policy, and if the original policy comes into my possession in the future, I agree to deliver it to the company for cancellation.

Original policy number

Name of person covered

Owner/Insured

X

Witness

Date

X

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