

Lincoln Heritage
LIFE INSURANCE COMPANY

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Service@lhlic.com

SURRENDER/CANCELLATION FORM

Policy:_____

Insured:_____

Owner:_____ **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. The policy owner must complete and sign the form.

I hereby request surrender/cancellation of the above listed policy.

I understand that all coverage provided under this policy will end in accordance with the policy provisions. I understand that I will receive any cash value that my policy may have.

Signature of Owner:_____ **Date:**_____

SSN:_____ Phone: _____

Email Address:_____