**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:_____