COLONIAL PENN SM

Colonial Penn Life Insurance Company - 399 Market Street - Philadelphia, PA 19181

POLICYHOLDER CASH SURRENDER FORM

Policy/Certificate No. _____ Insured _____

YOUR CURRENT ADDRESS:

_____

_____

_____

( ) **CASH SURRENDER**

In accordance with the cash surrender provisions contained in Policy/Certificate # _____ issued by Colonial Penn Life Insurance Company (the Company), I (we) hereby surrender the Policy/Certificate for cancellation in exchange for its cash surrender value.

I (we) expressly represent and warrant that no proceedings in bankruptcy or insolvency have been instituted or are pending against me (us).

SIGNATURES REQUIRED

Signatures must be witnessed for cash surrender requests. If the beneficiary was named irrevocably (that is, the beneficiary designation cannot be changed without the beneficiary's consent), the irrevocable beneficiary and a witness must also sign below.

Certified by:

Witness	**Owner**	Date
Witness	Spouse (if from Community Property State)	Date
Witness	Irrevocable Beneficiary (if any)	Date