REQUEST FOR CASH SURRENDER

District | Agency

SUBMIT REQUESTS TO:
Kemper Life Insurance Services
12115 Lackland Road, Suite 100
St. Louis, MO 63146-4003

District Manager Signature:_____

NOTICE TO POLICYOWNER AND AGENT: All applicable sections of this form must be completed. Incomplete requests may cause a delay in returning any money due.

INSTRUCTIONS

- Complete policy information section – include policy number, name of insured, name of owner, address of owner, Social Security Number of owner, name of Company.
- Policyowner must sign and date form in appropriate section. A second signature may be required if your policy has an assignee or an irrevocable beneficiary.
- District Manager's signature is required.
- Enclose policy or policy certificate or check box if policy has been lost or destroyed.
- A cash surrender request requires the owner's Social Security Number.
- LIFE FUND ONLY: If cash surrender is elected, a check will be issued for the cash surrender value of base policy and complete withdrawal of SPT rider, if applicable. For complete or partial withdrawal from SPT rider only, do not check cash surrender. Check appropriate box under "withdrawal."

Name of Insured (Last, First, M.I.):			10 Digit Policy Number:
Name of Owner (Last, First, M.I.):			Social Security Number:
Current Mailing Address:			Primary Phone:
City:	State:	ZIP:	Alternate Phone/Email:

CASH SURRENDER

(Check one) ☐ Policy is enclosed ☐ Policy was lost/destroyed

☐ Surrender entire policy

☐ Partial surrender (For Reliable policies only - Indicate which phase is to be surrendered:_____)

I want to surrender because: ☐ I am going to get insurance from another insurer ☐ I no longer need this insurance ☐ I cannot afford the insurance
Other – please explain:

I am the owner of this policy and desire to cancel and surrender this policy for its full cash surrender value as of this date in accordance with its terms. I understand that if any part of the proceeds is used to purchase a new policy of insurance with this Company, the new policy will be subject, in most cases, to a new contestable period and initially will not have any cash value.

Withdrawal of Life Fund SPT Rider (United policies only) or Withdrawal of Annuity Benefits on Mutual Savings More Than Life, Money Maker or Money Master policies.

☐ Complete Withdrawal ☐ Partial: I request a partial withdrawal of my fund value in the amount of $ _____

I understand that my coverage under this policy and/or rider terminates as of the date I sign this form. The negotiation of the cash surrender check or the passage of thirty (30) days from the issuance of the check, whichever occurs first, will also terminate any opportunity to cancel the cash surrender request and I will not thereafter be permitted to reinstate this policy and/or rider.

_____ _____

Signature of Policy Owner **Date**