

Client Experience Department • PO Box 2549, Waco Texas 76702-2549 • Fax: 254-297-2105 • Email: cx@aattx.com

POLICY CANCELLATION REQUEST

Please use dark ink and print all information other than signatures.

Policy Number: _____ Insured's Name: _____
(PLEASE PRINT)

Policy Owner's Name: _____ DOB: _____
(PLEASE PRINT)

Address: _____
(PLEASE PRINT)

City, State, Zip: _____
(PLEASE PRINT)

SS#: _____ Phone No: _____

Email Address: _____

I wish to cancel my policy and receive any policy values due me.

Reason for cancellation: _____

_____ Direct deposit to my bank account. A voided check (or clear copy) is attached below.

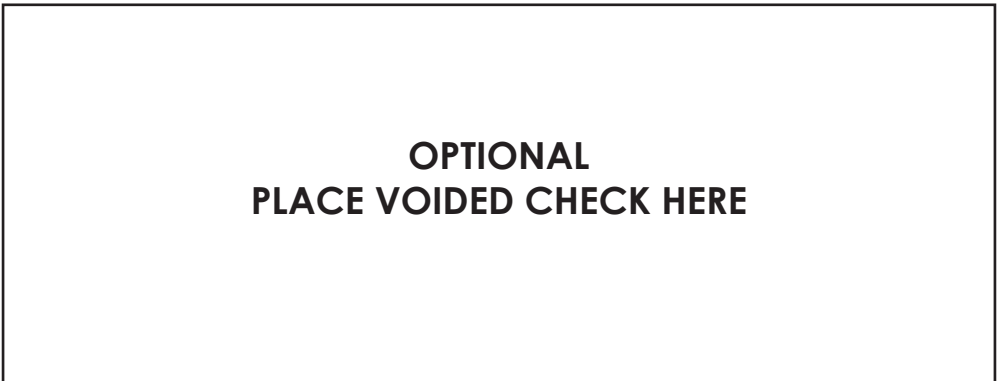
_____ The check will be mailed to the address above. (If the check is not received within 30 days from the date mailed, please contact our office to have a replacement check issued.)

If there is a taxable gain on the cash surrender value, the Company will report the gain to the IRS and you will be mailed a 1099-R at the end of next January. Unless the box below is checked, taxes will be withheld from the distribution and sent to the IRS.

Do NOT withhold taxes

FOR SECURITY REASONS, HANDWRITTEN SIGNATURES ARE VERIFIED ON ALL REQUESTS OVER \$5,000.00. SINCE SIGNATURES MAY CHANGE OVER TIME, PLEASE INCLUDE A CLEAR COPY OF A FORM OF ID WITH YOUR CURRENT SIGNATURE.

Policy Owner's Signature: _____ Date: _____



9-digit Transit/ABA Number: _____ Account #: _____

Account Holder(s) Name: _____

Type of Account: Checking (___) Savings (___)