



# *American Life & Security Corp.*

Executive Office

P.O. Box 5577 • LINCOLN NE 68505-5577

Phone: 402.489-8266 • Fax: 402.489.8295

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Dear Valued Policyholder:

You have recently contacted our office or visited our website for information about cash surrendering your policy. Before completing the surrender process, please review the following frequently asked questions. Please refer to your policy or call our Policyholder Service Department at 402-489-8266 for specific information regarding your policy.

**What does cash surrender value mean?** This is the sum of money that will be paid to the owner if they choose to terminate their policy. The cash value or surrender value is the amount of savings accumulated by the policy. The cash value is not the same as, and is less than the benefit that would be paid upon death. Please refer to the cash value table in your policy for a more detailed illustration or contact a Policyholder Service Representative.

**Is there a charge to cash surrender a policy?** There is a charge for surrendering some types of policies. This surrender charge will be deducted from the cash value paid to the owner.

**Will unpaid loan balances be deducted from the cash surrender value?** Yes, any out-standing loans and interest due will be deducted from the cash value paid to the owner.

**Do I have to pay taxes on cash surrenders?** You must pay ordinary income tax on any cash value gains you receive. You should contact your tax consultant on any tax matters. If you surrender the policy and there is a taxable amount, you will receive a 1099 from American Life and Security Corp. by the end of January the following year.

**If I cash surrender a policy, can I get another life insurance policy in the future?** You may or may not be able to qualify for certain types of insurance in the future because qualification is based on factors such as age and health. Also, insurance premiums are based on age and therefore a new policy payment may be higher than your current payment. This policy may not be reactivated after if it is cash surrendered.

**Are there options to keep my policy in force without cash surrendering?** Policies have different options, please read your policy or contact a Policyholder Service Representative to determine options available to you. There may be options that allow you to stop paying premiums by using the cash value to change your coverage.

**We value you as our policyholder and we encourage you to contact a Policyholder Service Representative at 402-489-8266 with any questions you have.**



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## REQUEST FOR CASH SURRENDER VALUE

In consideration of and exchange for the cash value of policy number \_\_\_\_\_ issued on the life of \_\_\_\_\_

I hereby surrender said policy for cancellation as of the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

In accordance with the terms of the policy, it is hereby agreed that any indebtedness thereon to American Life & Security Corp., its successors and assigns, will be deducted from the cash value and such cash value is accepted in full settlement and complete satisfaction of all rights, claims, and demands under the policy.

It is expressly represented and warranted that no other person, firm, corporation or other entity has any interest in the policy except the undersigned and that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned.

**POLICY IS ENCLOSED?**  YES

**POLICY IS LOST?**  YES I hereby certify that the policy has been lost or destroyed and I have no knowledge as to its whereabouts.

**Requirement: Owner's signature must be notarized.**

Check if your address had changed.

**Owner's social security number:** \_\_\_\_\_

Date: \_\_\_\_\_

X \_\_\_\_\_  
Owner's Name (printed)

X \_\_\_\_\_  
Owner's Signature (Always Required)

\_\_\_\_\_  
Owner's email address

(\_\_\_\_\_) \_\_\_\_\_  
Owner-Day time phone: \_\_Home \_\_Cell \_\_Work

**Co-Owner's social security number:** \_\_\_\_\_

Date: \_\_\_\_\_

X \_\_\_\_\_  
Co-Owner's Name (printed)

X \_\_\_\_\_  
Co-Owner's Signature (Required if Co-Owner exists)

\_\_\_\_\_  
Co-Owner's email address

(\_\_\_\_\_) \_\_\_\_\_  
Co-Owner-Day time Phone: \_\_Home \_\_Cell \_\_Work

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_.

County of: \_\_\_\_\_

My commission expires on \_\_\_\_\_

State of: \_\_\_\_\_

\_\_\_\_\_  
Notary Public