

Gerber Life Insurance Company
445 State Street
Fremont Michigan 49412

REQUEST FOR POLICY CANCELLATION

Policy Number _____

We're sorry to learn you've decided to cancel your insurance protection.

If your request was prompted by our failure to provide you with the level of service you expect, we'd like to hear from you.

Reason for canceling coverage

- Cannot afford
 - Dissatisfied with policy terms
 - Already have other insurance
 - Other, please explain
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I agree that this application shall be a basis for cancellation of this policy.

_____ Date Signature of Policyowner

Policyowner's Social Security Number (Required): _____

RETURN FORM TO GERBER LIFE ALONG WITH A COPY OF A LEGAL DOCUMENT WHICH INCLUDES YOUR SIGNATURE. EXAMPLES INCLUDE: DRIVER'S LICENSE, STATE ID CARD, COURT DOCUMENT, SCHOOL ID, PASSPORT OR SOCIAL SECURITY CARD.