



**Lincoln Heritage**  
LIFE INSURANCE COMPANY

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Service@lhlic.com

## SURRENDER/CANCELLATION FORM

Policy: \_\_\_\_\_

Insured: \_\_\_\_\_

Owner: \_\_\_\_\_ NTO: \_\_\_\_\_

**Instructions for completing this form:**

1. This form must be completed in ink and cannot be altered by the use of correction fluid.
2. The policy owner must complete and sign the form.

**I hereby request surrender/cancellation of the above listed policy.**

I understand that all coverage provided under this policy will end in accordance with the policy provisions. I understand that I will receive any cash value that my policy may have.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature of Owner's Spouse\*: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Required in AZ, CA, ID, LA, NM, NV, TX, WA, WI.  
If you are not married please write "not married" on the line.*