

FAX

Date:

Pages with cover sheet:

To

Name

Phone

Fax

From

Name

Phone

Fax

877-349-3877

Message

Please cancel the life insurance policy effective _____ :

Insured Name

Policy Number

Social Security #

Date of Birth

If there is **any cash value**, please mail to the following address:

Should further action be needed, please contact me as soon as possible.

Signature: x _____

Name: _____ Date: _____