



## REQUEST FOR CASH SURRENDER/USE OF VALUES

Name \_\_\_\_\_

Residential Address \_\_\_\_\_

Because we have been entrusted with some of your insurance planning up until now, we feel obligated to point out a few facts you should know about before proceeding with this surrender. Please read the following information carefully.

**The enclosed form must be completed and returned to us before your request can be processed.**

### DO YOU PLAN TO REPLACE YOUR POLICY?

It may be advantageous to exchange your present coverage for a new policy; however, be sure you have all the facts. Be sure that the cash benefits you can expect and the premiums you'll pay compare favorably to the return on your current policy. Be aware that contestability and suicide periods begin again, policy fees are usually higher, and surrender charges may be levied. Finally, remember that dividend and interest rate projections are not guaranteed.

### DO YOU NEED READY CASH?

Your policy has a loan provision that allows you to borrow a certain percentage of your policy's available cash value. Per your contract, the loan can be repaid at any time while the policy is still in force.

If you have questions regarding your policy, please call us at 1-800-645-2317. If you've decided to surrender your policy, please take a moment to tell us why. With your input, we'll work to improve our products and services. Your business has always been important to us, so please consider Life Insurance Company of Boston & New York in the future when purchasing insurance.

**Please check any that may apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> Premiums too high     | <input type="checkbox"/> Insurance needs have changed                      |
| <input type="checkbox"/> Poor service          | <input type="checkbox"/> Buying a new policy from another agent or company |
| <input type="checkbox"/> Lack of communication | <input type="checkbox"/> Other reasons. Please explain:                    |

**Please mail or fax this form and your policy or certificate to Life Insurance Company of Boston & New York, Attn.: CLIENT SERVICES DEPARTMENT, PO BOX 219, CANTON MA 02021 (781) 821-4976.**

## REQUEST FOR CASH SURRENDER/USE OF VALUES

To avoid any delay in processing your request for cancellation, please complete sections I-V.

### **SECTION I – POLICY INFORMATION**

Please process the following request for Policy # \_\_\_\_\_ on the life of \_\_\_\_\_

List any additional policies that you own, that you also wish to cancel. # \_\_\_\_\_, # \_\_\_\_\_, # \_\_\_\_\_

- ☐ Send to me in a check, or  
☐ Other \_\_\_\_\_

### **SECTION II – BANKRUPTCY DISCLOSURE STATEMENT (Required)**

The owner certifies that he or she:

- ☐ **NO**, I am not the subject of bankruptcy proceedings.  
☐ **YES**, I am the subject of bankruptcy proceedings. *(please see below)*

If you *are* in Bankruptcy, we require written authorization from your court appointed Trustee, which must be on their letterhead and be submitted along with this form.

### **SECTION III – AUTHORIZED SIGNATURES**

The undersigned, as the owner of the above-mentioned policy issued by Life Insurance Company of Boston & New York, hereby elects the surrender of this policy for its cash surrender value, and in consideration of the payment of such value, all rights and interests under the policy are released.

OWNER NAME *(please print)* \_\_\_\_\_

DATE \_\_\_\_\_

OWNER SIGNATURE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

OWNER SOCIAL SECURITY NUMBER *(Last 4 digits)* \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

RESIDENTIAL ADDRESS *(If Different from Mailing Address)* \_\_\_\_\_

Assignee or Irrevocable Beneficiary *(If Applicable)* \_\_\_\_\_

SPOUSE SIGNATURE *(For Policies Issued in Community Property States: CA, ID, LA, NV, NM, WA, and WI)* \_\_\_\_\_

WITNESS *(A witness signature is not required but is strongly recommended)* \_\_\_\_\_

DATE: \_\_\_\_\_

### **SECTION IV – STATEMENT OF POLICY LOSS (complete only if policy cannot be found)**

- ☐ I have made a persistent search for this policy, but have no knowledge of its whereabouts.  
☐ My policy is unobtainable at this time; however, I agree to send it to **Life Insurance Company of Boston & New York's** Service Address: PO Box 219, Canton, MA if it is located.

### **SECTION V – OWNER'S NAME CHANGE (if applicable)**

NEW NAME: \_\_\_\_\_ REASON FOR CHANGE: \_\_\_\_\_

**Please Note:** If other than for a spelling error or for Marriage or Divorce – you must provide proof of the change.

Please mail or fax this form and your policy or certificate to Life Insurance Company of Boston & New York, Attn.: CLIENT SERVICES DEPARTMENT, PO BOX 219, CANTON MA 02021 (781) 821-4976. If you have any questions, please call our Client Services Department at (800) 645-2317.