

REDUCED PAID-UP INSURANCE REQUEST

Policy: _____

Life Insured: _____

Address: _____

Issue date: _____

I hereby give up all rights on the above-mentioned policy to the Company. I request a reduced paid-up insurance to be issued in replacement of this above policy according to the provision of my contract. I remain insured for the same amount and this without paying any additional premium.

Signed at _____ this _____ day of _____ 20 _____

X _____
Witness

X _____
Owner signature

X _____
Irrevocable beneficiary signature*

* If the designated beneficiary on this policy is irrevocable, the signature is required in order to proceed with the reduced paid-up insurance request.