



Client Experience Department · PO Box 2549, Waco Texas 76702-2549 · Fax: 254-297-2105 · Email: cx@aatx.com

POLICY CANCELLATION REQUEST

We regret your decision to cancel your policy coverage. This policy helps provide financial security for your loved ones in the event of unforeseen circumstances but also helps provide peace of mind, knowing that their future is protected. We encourage you to review the benefits and consider the long-term value it offers. Should you have any questions or need further assistance, please do not hesitate to contact us. To proceed with canceling your policy, please complete the form below. Any policy values due will be returned based on the terms and conditions of the policy contract.

Please use dark ink and print all information other than signatures.

Policy Number: _____ Insured's Name: _____
(PLEASE PRINT)

Policy Owner Name: _____ Policy Owner DOB: _____
(PLEASE PRINT)

Policy Owner Address: _____ City: _____ State: _____ Zip: _____
(PLEASE PRINT)

Policy Owner SS#: _____ Policy Owner Phone #: _____

Email Address: _____

Reason for cancellation: _____

Please select one option below. Policy values due are based on the terms and conditions of the policy contract.

____ Direct deposit to my bank account. Please provide accurate Routing and Account information below.

____ Mail me a physical check to the address provided above.

If there is a taxable gain on the cash surrender value, the Company will report the gain to the IRS and you will be mailed a 1099-R at the end of next January. Select one of the below:

Do NOT withhold taxes

Withhold taxes

Policy Owner Signature: _____ Date: _____

9-digit Routing Number: _____ Account #: _____

Account Holder(s) Name: _____

Type of Account: Checking (___) Savings (___)

YOU MUST INCLUDE A VALID FORM OF ID OR YOUR REQUEST WILL NOT BE PROCESSED. EXPIRED DOCUMENTS WILL NOT BE ACCEPTED.

Acceptable forms of ID include:
- State ID
- Driver's License
- Passport