

Phone:(800) 225-3859Fax:(847) 615-4943Hours:Monday – Thursday 7:00am to 7:00pm CSTFriday 7:00am to 6:00pm CSTEmail:CustomerCare@ulaflac.comWebsite:www.Aflacgroupinsurance.com

FULL SURRENDER

Please print or type except where signatures are requested.

Policy Number:

Insured's Name:

Owner's Address (including City, State, Zip Code): _____

Owner's Phone Number: (_____)

I request the cash surrender of my policy, less any outstanding loan.

I (we) request that the transaction marked above be completed by Aflac and I (we) expressly warrant that all persons signing below are of legal age. The changes requested in the form will not become effective until approved by Aflac.

Dated at	this	day of	, 20
City and State			
Name of Current Owner(s):			
Signature of Current Owner(s):			