



Underwritten by Trustmark Insurance Company

Phone: (800) 225-3859
Fax: (847) 615-4943
Hours: Monday - Thursday 7:00am to 7:00pm CST
Friday 7:00am to 6:00pm CST
Email: CustomerCare@ulaflac.com
Website: www.Aflacgroupinsurance.com

PARTIAL 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 would like to take a partial surrender for the:

- Maximum Amount Available
Amount: \$ _____

Only two partial surrenders will be allowed during each policy year. Your request must be made prior to the maturity date during the Insured's lifetime. Each partial surrender must be at least \$100. A partial surrender charge of \$25, as shown in the schedule, will be deducted each time this is done. A partial surrender will result in a reduction of the face amount, accumulated value and the death benefit amount by the amount of each partial surrender.

IMPORTANT TAX INFORMATION

Substitute W-9 Information for Owner:

Have you been notified by the Internal Revenue Service that you are subject to back-up withholding? YES NO

Do you want Aflac to withhold 20% of your taxable interest income? YES NO

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): _____