

Please indicate which rider(s) you wish to surrender:

- Single Premium Paid up Additions Rider
- Annual Premium Paid up Additions Rider

Policy Number: _____ Insured: _____

I hereby request the surrender of the paid up additions purchased by the rider(s) indicated above, to the extent described below:

1. Sufficient to pay the premium due _____ on policy no. _____.
Due Date
2. Sufficient to release \$ _____, send check payable to policyowner.
3. Issue check payable to policyowner for the sum total of the cash surrender value of all paid up additions purchased by the rider(s) indicated above.

Election of (1), (2) or (3) will result in a reduction of the Death Benefit and Cash Values currently illustrated in the policy. An amendment to your policy will be issued to reflect this reduction.

If you elect (3), you must submit the policy with this request.

Minimum surrender of the annual premium paid up additions rider in \$500, except if proceeds are being used to pay premiums.

The right to make future payments to the annual premium paid up additions rider, ceases, if any part or all of the rider is surrendered.

 Policyowner's Signature

 Date

 Spouse's Signature

 Date

If policyowner resides in either of the following community property states, the policyowner's spouse **MUST** sign this form.
 Arizona, California, New Mexico, Nevada, Texas and Washington

Spouse's signature is NOT required for all other states