



Check company which issued policy:
☐ Transamerica Life Insurance Company
☐ Transamerica Premier Life Insurance Company

Request for Surrender

Social Security No.		Policy No.	
Insured Name (Last, First, M.I.)		Policy Owner Name	
Home address			Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No
City	State	Zip code	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single
Policy Owner home address			
City	State	Zip code	

*If Married, Spouse** of Policy Owner must signed if residence is in one of the community property states of: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin.*

In consideration of and exchange for the ☐ Cash Value ☐ Maturity Value of \$ _____ of the above stated policy.

I/We hereby surrender said Contract for cancellation. (The policy should be returned with this form.)

In accordance with the terms of the Contract, it is hereby agreed that any indebtedness thereon to the Company will be deducted from the (Cash)(Maturity) Value.

Said (Cash)(Maturity) Value is accepted in full settlement and complete satisfaction of all rights, claims and demands under said Contract.

It is expressly represented and warranted that no other person, firm or corporation has any interest in said Contract except the undersigned and that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned.

☐ LOST POLICY STATEMENT

The original of the policy has been lost or destroyed, and to the best of my knowledge is not in the possession of any other person or firm. If the original policy is located, I promise to return it to the Administrative Office of the Company.

Signed in (City/State) _____ This _____ Day of (Month/Year) _____ .

Policy Owner _____ Witness _____

*Current Policy Owner Listed:
 Spouse** (required in community property states.) _____ Witness _____

Assignee (if applicable) _____ Witness _____

Instructions

The cash or maturity value is payable at the Administrative Office of the Company and only in exchange for the Contract and the satisfactorily completed release.

THE REQUEST MUST BE DATED the day it is signed and all signatures must be written in full exactly as they appear in the Contract and must be in ink. In the case of a woman who has been married since the contract was issued, her signature should be completed by adding her present name to the name as it appears in the contract. All signatures must be separately witnessed.

Return Completed Forms to:

Transamerica Employee Benefits
 Administrative Office:
 P.O. Box 869094
 Plano, TX 75086-9817
 Phone: (888) 763-7474
 Fax: (866) 945-8691