



Request for Full Surrender/Policy Loan

Insured Information

Name of Insured		Name of Owner	
Policy / Contract Number		Date of Request	
Owner's Mailing Address	City	State	Zip

Full Surrender Request

I/We hereby request the full surrender of the listed policy in exchange for its cash value, less any outstanding loans, fees, or premiums due in accordance with our contract. Upon disbursement of the cash value, we release the Company from all claims and liabilities under this contract.

Policy Loan Request

I/We hereby request a loan to be issued against the cash value of the policy for the amount indicated below, with interest due in accordance with our policy provisions.

Requested Loan Amount: Maximum Available \$_____ (or Maximum Available, if less)

Disbursement Instructions

If no selection made, the default disbursement method will be via check.

Please process my payments via: Check
 Direct Deposit

For Direct Deposit, please include the following information.

Account Type: Checking - Please attach a voided check
 Savings

Name as it appears on the account	Name of Financial Institution
Routing Number (Bottom left of check): □ □ □ □ □ □ □ □ □ □	Account Number (Bottom center of check): □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Contact Our Service Center:
The Constitution Life Insurance Company | 2000 Wade Hampton Boulevard Greenville, SC 29601
PO Box 19017 Greenville, SC 29602-9017 | 800-999-2224 Phone| 877-587-3758 Fax
www.constitutionlife.com

Constitution Life is a Nassau Re company



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Required Signatures

Please provide signatures from each owner and assignee, as well as that of a witness to the owner's signature. If you are signing as a Trustee of a trust or as an Officer of a corporation, please include a copy of the trust or your organization's corporate resolution.

Signature of Owner X	Printed Name of Owner	Date (mm/dd/yyyy) / /
Signature of Joint Owner (if any) X	Printed Name of Joint Owner	Date (mm/dd/yyyy) / /
Signature of Assignee (if any) X	Printed Name of Assignee	Date (mm/dd/yyyy) / /
Signature of Witness X	Printed Name of Witness	Date (mm/dd/yyyy) / /

For legal representatives only, please check the appropriate box and provide a copy of the documentation authorizing your representation.

- Conservator Guardian Power of Attorney

Signature X	Name and Title (please print)	Date (mm/dd/yyyy) / /
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