



**Lincoln Heritage**  
LIFE INSURANCE COMPANY

PO Box 29045  
Phoenix AZ 85038-9045  
(800) 438-7180 Fax (602) 808-0521  
Service@lhlic.com

## SURRENDER/CANCELLATION FORM

Policy:

Insured:

Owner:

NTO: N/A

### Instructions for completing this form:

1. This form must be completed in ink and cannot be altered by the use of correction fluid
2. The policy owner must complete and sign the form.

I hereby request surrender/cancellation of the above listed policy.

I understand that all coverage provided under this policy will end in accordance with the policy provisions. I understand that I will receive any cash value that my policy may have.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

(FCXL) ab

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100