

**REQUEST FOR TERMINATION OF POLICY CONTRACT AND
WITHDRAWAL OF CASH SURRENDER VALUE**

TO: PARAMOUNT LIFE AND GENERAL INSURANCE CORPORATION

NAME: _____ DATE _____

This is to inform your office of my desire to terminate my Policy Contract No. _____ and to withdraw the corresponding Cash Surrender Value and dividend, if any, less any indebtedness as follows:

Cash Surrender Value	----->	P	_____
Add: Dividends (if any)	----->	P	_____
TOTAL	----->	P	_____
Less:			
Policy Loan	-----	P	_____
Overdue Interest	-----	P	_____
Premium Due Arrears	---	P	_____
Overdue Interest	-----	P	_____
Service Fee	-----	P	_____ (P _____)
NET DUE	----->	P	_____

Upon favorable consideration of the above request and surrender of my Policy for Cancellation, the actual payment of the net proceeds thereof will constitute full settlement and waive of all rights and claims on the Policy.

Witness

Signature of Insured

Address

Signature of Husband/Wife
Or Guardian if beneficiary is minor

Signature of Beneficiary/ies

Beneficiary/ies

Prepared by: _____

Checked by: _____

Approved by: _____

A department of:

