



Guarantee Trust Life Insurance Co.

POLICY SERVICE FORM – NON-FORFEITURES

PLEASE PRINT

Date: _____

Insured: _____

Policy No.: _____

Owner: _____

Owner's Phone Number: (____) _____

Mailing Address of Owner: _____

Number and Street

City

State

Zip Code

Check box if this is a new address.

***Note: Section 2 must be signed before we can process any requests.**

1) **Non-Forfeiture Request:** Only the Policy Owner can request these options. Please indicate your request by marking the appropriate box below.

- Cash Surrender** – This terminates the policy. Policy should be returned if available.
- Reduced Paid-Up Insurance** – This issues you a paid up policy for a reduced face amount. Your new face amount is calculated based on the amount of cash value in your policy. No further premium payments will be due.
- Extended Term Insurance** – This offers the full face value for a limited (term) period. No further premium payments will be due.

2) By my signature I accept that this request is subject to all of the terms and conditions of the policy and that the Company may request additional information or impose additional requirements. I agree that my signature will apply to each request checked on this form and I also agree that no request will become effective if it is not checked. I guarantee that the above policy is not assigned (as collateral) to any other person or corporation, except where stated in the request and that no actions of bankruptcy are pending.

Date: _____

Owner's signature: _____