



**Guarantee Trust Life Insurance Company**

1275 Milwaukee Avenue, Glenview, IL 60025 Tel: 847-699-0600

**POLICY SERVICE FORM - NON-FORFEITURES**

PLEASE PRINT

Date: \_\_\_\_\_

Insured: \_\_\_\_\_ Policy No: \_\_\_\_\_

Owner: \_\_\_\_\_ Owner Phone No: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Is this a new address? Yes \_\_\_\_\_ No \_\_\_\_\_

**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.

**THIS SECTION MUST BE SIGNED BY THE POLICY OWNER IN ORDER TO PROCESS YOUR REQUEST**

By my signature I accept 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.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_