



CINCINNATI EQUITABLE LIFE  
INSURANCE COMPANY

**REQUEST FOR SURRENDER OF POLICY**

**Policy Number:** \_\_\_\_\_

**Name of Insured:** \_\_\_\_\_

The undersigned hereby requests payment of the net cash value of the policy identified above, issued or assumed by the ***Cincinnati Equitable Life Insurance Company*** and also any said policy, accumulated Endowments or Dividends left the company under said policy, except for said net cash value and accumulations, is hereby discharged and terminated. It is further certified that no bankruptcy proceedings have been taken by or against the undersigned or by or against the said Insured since the Policy was issued, and that neither said Policy nor any interest therein is now pledged or assigned except to \_\_\_\_\_.

If this contract is for an Annuity Contract or a Supplementary Contract, the word "Policy" shall be construed to mean "Contract" and the word Insured shall be construed to mean "Annuitant" or "Payee".

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Assignee

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Beneficiary

Please state your reason for the surrender of your life insurance policy.

\_\_\_\_\_

\_\_\_\_\_

**In order to complete the surrender, please return the policy.**

**Cincinnati Equitable Life Insurance Company, P.O. Box 3428, Cincinnati, OH 45201**