

REQUEST TO CANCEL LIFE INSURANCE COVERAGE

To Whom It May Concern:

I, _____ do hereby request the cancellation of my life insurance policy number _____ with _____ that was obtained through the efforts of my agent _____ representing One Life America, effective as of _____, 20____.

I understand that by cancelling this policy, the coverage this policy would afford to my beneficiaries will no longer be in effect, and that without this important coverage in place, they may lose their home or face other financial distress and hardships that this policy would likely help mitigate. I covenant and guarantee that I, my family, my beneficiaries, or my other loved ones and relatives will not hold my agent responsible for this cancellation, and that this cancellation is being done solely at my request, and the burden of this decision rests solely with me regardless of the financial loss, hardship, or financial distress this may create in the future for my beneficiaries.

I also understand that should I desire to re-establish this coverage at some future date, that there is no guarantee that I will be accepted for coverage at that time, nor that if I am accepted for coverage at some future time, that I will receive the same rate or the same term as this current policy affords. I further understand that if my health changes or certain economic conditions change, that I may not be able to get any coverage at all.

Signed,

Print Name: _____ Beneficiary: _____

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