

Independent Order of Vikings
GBU District 5000
Fraternal Administration
PO Box 27186
Lansing, MI 48909



INSURANCE SURRENDER FORM – please provide address and phone number

Name of Insured:

Policy Owner:

Policy Number:

Full Mailing Address:

Phone:

Email:

PLEASE READ CAREFULLY BEFORE RETURNING

In consideration of and exchange for the Cash Value of Policy Number listed above issued on the life of the Insured listed above, I (we) hereby surrender said policy for cancellation. In accordance with the terms of the policy, it is hereby agreed that any indebtedness thereon to the Company will be deducted from the Cash Value. Said Cash Value is accepted in full settlement and complete satisfaction of all rights, claims and demands under said Policy. It is expressly represented and warranted that no other person, firm or corporation has any interest in said policy except the undersigned and that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned.

Unless attached, I certify that the policy contract has been misplaced, lost, or destroyed.

Executed this _____ day of _____, in the year _____.

Signature of Owner

Signature of Witness (non-related adult)

Check any that apply and provide date/documentation if available:

Policy holder is deceased. _____

Policy has already been surrendered on date: _____

I would like to donate the cash value of my policy to the Independent Order of Vikings:
 scholarship fund language camp scholarships burn camp fund

I do not plan to surrender my insurance policy (*please explain*).

Please add me to the Do Not Contact list.