



Cancellation Request

Policy Number: _____

Life/Lives Assured: _____

I wish to cancel the Policy.

I understand that:

1. The Policy has no surrender value.
2. The Policy will be cancelled on the day that this form and the Policy Documents are received at Abbey Life's Head Office.
3. This cancellation discharges Abbey Life from any liabilities.

Signature of Policyholder: _____

Signature of Policyholder: _____
(Policyholder/Assignee/Trustee)

Date: _____

FP9776(04/09)