

# Southland National Insurance Corporation

## APPLICATION FOR CASH SURRENDER VALUE

*I/We do hereby surrender the policy/ies listed below issued by the Southland National Insurance Corporation to the said company, and request that I/We be paid the cash surrender value thereof in accordance with the terms of the policy/ies.*

POLICY NUMBER	CORRECT PRESENT NAME OF THE INSURED	DLP		SURRENDER VALUE	INDEBT-EDNESS	ADVANCE PREMIUMS	AMOUNT PAID
1			IN FORCE LAPSED				
2			IN FORCE LAPSED				
3			IN FORCE LAPSED				
4			IN FORCE LAPSED				
5			IN FORCE LAPSED				
6			IN FORCE LAPSED				
							<b>TOTAL</b>

FULL SIGNATURE OF THE PREMIUM PAYER AND THE POLICYHOLDER AND, IF THE INSURED'S AGE IS UNDER 18, OF A PARENT OR LEGAL GUARDIAN	RELATIONSHIP TO INSURED
1	
2	
3	
4	
5	
6	

SIGNATURE OF WITNESS \_\_\_\_\_ DATE \_\_\_\_\_ 20\_\_

PRINT FULL NAME OF THE PREMIUM PAYER \_\_\_\_\_

STREET AND NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_

Received from \_\_\_\_\_ Policies 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ for transmission to the home office of the Mothe Life Insurance Company

Signature of Agent \_\_\_\_\_ Debit \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_

<b>MAIL:</b> Southland National Insurance Corp P.O. Box 2128 Gretna, LA 70054	<b>PHYSICAL:</b> Southland National Insurance Corp 401 Whitney Ave, Ste 303 Gretna, LA 70056
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**\*\* Please note: If this form is not signed in the presence of an authorized employee, signatures must be verified by Notary Public.**

Sworn to and subscribed before me this \_\_\_\_\_ day  
 of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC