

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				
							TOTAL

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__

MAIL: Southland National Insurance Corp P.O. Box 504 Basking Ridge, NJ 07920	PHYSICAL: Southland National Insurance Corp 180 Mt. Airy Road, Suite 101 Basking Ridge, NJ 07920
---	---

**** 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
---	------------------------