



THE GRAND LODGE OF THE  
**INDEPENDENT ORDER OF VIKINGS**  
PO Box 13020 Springfield, IL 62791-3020  
Fax (888) 686-6567 – Toll Free (877) 241-6006  
www.iovikings.org

## SURRENDER FORM

**Name of Insured:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

### 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 Witness (Unrelated Adult)

\_\_\_\_\_  
Signature of Owner