



## REDUCED PAID-UP INSURANCE REQUEST

**Policy:** \_\_\_\_\_

**Life Insured:** \_\_\_\_\_

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

**Issue date:** \_\_\_\_\_

I hereby give up all rights on the above-mentioned policy to the Company. I request a reduced paid-up insurance to be issued in replacement of this above policy according to the provision of my contract. I remain insured for the same amount and this without paying any additional premium.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

X \_\_\_\_\_  
**Witness**

X \_\_\_\_\_  
**Owner signature**

X \_\_\_\_\_  
**Irrevocable beneficiary signature\***

\* If the designated beneficiary on this policy is irrevocable, the signature is required in order to proceed with the reduced paid-up insurance request.