



FINANCIAL TRANSACTION REQUEST

American United Life Insurance Company®
Administrative Offices
17 Church Street, P.O. Box 506
Keene, New Hampshire 03431-0506

OWNER **INSURE D** **POLICY #/CERTIFICATE #**

OWNER'S ADDRESS **OWNER'S PHONE #**

1. CASH SURRENDER (Return original policy/certificate or complete Section 2 - Notice of lost policy/certificate)
The undersigned, as owner of this policy/certificate, elects to surrender the policy/certificate for its net cash value and directs AUL to make payment to: (COMPLETE IF OTHER THAN INSURED)

Name _____
Street Address _____ City _____ State _____ Zip Code _____
The Undersigned hereby releases and forever discharges AMERICAN UNITED LIFE FROM ANY AND ALL LIABILITY UNDER THE ABOVE CONTRACT. Said cash value is accepted in full settlement and complete satisfaction of all rights, claims, and demands under said contract.

2. NOTICE OF LOST POLICY/CERTIFICATE
I/We certify that the above numbered policy/certificate has been lost or destroyed and, to the best of my/our knowledge and belief, is not in anyone's possession.
Check if duplicate policy/certificate is needed _____

3. POLICY/CERTIFICATE LOAN (Policy/certificate loans are subject to all terms and conditions stated in the policy/certificate).
A. Maximum Loan _____
B. Issue a check for \$ _____
AUL is hereby directed and authorized to make the loan check, payable to:
(COMPLETE IF OTHER THAN INSURED)

Name _____
Street Address _____ City _____ State _____ Zip Code _____
I wish to repay this policy/certificate loan in regular installments of \$ _____.
The method of payment will be the same as my current mode of payment. Payments to begin on _____.

4. WITHDRAWAL OR PARTIAL SURRENDER
A. Amount requested: \$ _____
B. Amount requested: \$ _____ for loan repayment on policy/certificate number _____

5. DISCONTINUE PREMIUM PAYMENTS
Discontinue premium payment and, as of premium paid-to-date, use the net cash value of the policy/certificate to:
Continue benefit of current policy/certificate
Purchase a paid up whole life policy

RELEASE OF POLICY/CERTIFICATE ASSIGNMENT
The undersigned assignee, under a collateral assignment on the above policy/certificate consents to the policy/certificate change(s) above and releases the assignment on the existing policy/certificate.
Assignee's Signature _____ Date _____

Check to be mailed to: (Check One) Agent Owner

Signature of Witness _____ Date _____ Signature of Owner _____ Date _____
Signature of Witness _____ Date _____ Signature of Assignee or Irrevocable Beneficiary _____ Date _____

Detach Pink Copy For Your Records - Return Original To AUL's Administrative Office