

EVANGELINE LIFE INSURANCE COMPANY

APPLICATION FOR CASH SURRENDER VALUE

I/We do hereby surrender the policy/ies listed below issued by the Evangeline Life Insurance Company 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 Evangeline Life Insurance Company

Signature of Agent _____ Debit _____ Date _____ 20__

MAIL: Evangeline Life Insurance, Co P.O. Box 13098 New Iberia, LA 70562	PHYSICAL: Evangeline Life Insurance, Co 209 West Main St Suite 500 New Iberia, LA 70560
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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