

AMERICAN HERITAGE LIFE INSURANCE COMPANY

1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6687
(904) 992-1776



Allstate

Workplace Division

Name of Insured _____ Policy Number _____

Name of Owner _____ Date of Request _____

LOST POLICY CERTIFICATION

I, _____, hereby certify that Policy Number _____, dated _____, and issued by the American Heritage Life Insurance Company has been lost or destroyed and that said policy is not assigned, hypothecated, or pledged in any way whatsoever. It is distinctly understood and agreed that the policy becomes null and void immediately upon a request for surrender.

REQUEST FOR POLICY SURRENDER (Attach Policy to this request)

In consideration of and exchange for the cash value, the above named policy issued on the life of _____ is hereby surrendered 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 upon 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.

Notice to Policyholder: Funds released when borrowing, surrendering, or withdrawing any policy values may affect the guaranteed elements, non-guaranteed elements, face amount or surrender value of the policy.

INSTRUCTIONS

The cash value is payable at Home Office of the Company in exchange for the policy and satisfactorily completed release.

The release must be dated. The signature of the owner and the signature of each irrevocable beneficiary placed on the release must be written exactly as the name is given in policy, the signature of a woman who has married since the policy was issued to be completed by adding her present surname to her name as it appears in the policy.

The signature of an assignee must appear exactly as the name of such assignee is given in the assignment paper. If the assignee is a woman who has married since the assignment was made, her signature should be completed by adding her present surname to the name as it appears in the assignment paper.

All signatures must be in ink and the person witnessing each signature must sign on the line provided.

If a signer of the release is a corporation, an officer of the corporation must sign for the corporation, and the release must be accompanied by a copy of a resolution of the Board of Directors of the corporation, certified by the secretary or other authorized officer, under the seal of the corporation, authorizing the surrender of the policy and giving the executing officer authority to sign the release in behalf of the corporation.

If a signer of the release is a partnership, the name of the partnership must be given and it must be described as a partnership, each member of the partnership who signs designating himself as "partner".

Check to be sent to: _____

Cash Surrender Value, if any, is to be rolled into UL Policy.

EXCHANGE ASSIGNMENT PURSUANT TO SECTION 1035 OF THE INTERNAL REVENUE CODE

Check the box that is applicable, exchanging:

- Life insurance policy for life insurance policy.
- Life insurance policy for an annuity (deferred or immediate single premium transfer).
- Annuity for annuity.

I hereby totally assign all my right, title and interest in policy # _____,

issued by _____ Life Insurance Company for and in consideration of effecting a tax free exchange of the above policy to be exchanged for a new policy as indicated above, pursuant to application of even date signed by me.

American Heritage Life Insurance Company agrees that in the event I am required to qualify for such issuance of an exchange policy, as applied for herewith, this assignment shall not become effective, until such time as I am approved by the Underwriting Department of American Heritage Life Insurance Company for the coverages applied for by application signed and dated on the same date as this form evidences. Further, that in the event of my death or disability, prior to approval of my application for insurance thereunder, this assignment shall be null and void.

American Heritage Life Insurance Company (The Company) and I agree that credit for the cash value of the policy, herewith assigned, shall not be due me, until such time as the Company shall enter a credit for the assigned policy on its books after the assigned policy value is fully determined. Such crediting for assigned policy value shall not be unreasonably withheld by the Company, but in no event will such credit be made earlier than 7 work days following the date such assigned policy value is determined and the cash surrender value is received in-hand by the Company.

Please comply with the request(s) I have checked in the above areas, in connection with my policy.

Witness

Insured/Owner

Witness

Joint Owner (If Joint Policy)

Witness

Assignee

Witness

Beneficiary, If Irrevocable

Date