



Request for Cash Surrender of Certificate

Return by mail to: PO Box 351920, Westminster, CO 80035-1920

Via Email to: info@wsalife.com or Via Fax to: 303-451-5112

Please call WSA at 303-451-1494 or 800-451-7528 with questions.

I, the undersigned _____ member of _____ Lodge, Number _____ of W.S.A. Fraternal Life, do hereby request that the following certificate be surrendered for its net surrender value: Certificate Number _____ insuring the life of _____. Once this option is exercised, I understand this certificate will be rendered null and void - this certificate will no longer be in effect.

Please mark the applicable section:

- The original certificate is enclosed or
 I hereby make application for benefits, in lieu of the presentation of the original life insurance Certificate. I hereby declare that all attempts have been made to locate said Certificate, to no avail. Should said original Certificate be presented for claim payment at a later date, I fully indemnify and hold harmless WSA Fraternal Life for any expenses which may occur therewith.

Forward the requested funds to: _____

I certify:
1 - That the Social Security Number (or Taxpayer Identification Number, if applicable) listed on this form is my correct number; and
2 - That I am not subject to backup withholding because (a) I have not been notified by the IRS that I am subject to backup withholding or (b) the IRS has notified me that I am no longer subject to backup withholding; and
3 - That I am a US citizen or a US resident for tax purposes.

Signature of Insured (Guardian if Insured is a minor) Social Security No. Date

Signature of Payer/Owner (If different than Insured) Social Security No. Date

Home Office Use Only

Approved by: _____ Signature of National Officer Date

Surrendered by: _____ Date surrendered: _____