

SURRENDER OF INSURANCE POLICY

I, the undersigned, wish to surrender the following policy (ies) and direct ColinaImperial Insurance Ltd., to pay funds, less any outstanding loans and accumulated interest on these loans, in accordance of the following instructions: The company is hereby discharged from all liability made under the said policy.

POLICY # _____ in the name of _____

OWNER _____ Date: _____

P.O. Box _____ Email Address: _____

Tel: (H) _____ (W) _____ (C) _____

Cash Surrender Value

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you wish funds to be transferred to another plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Policy # _____ (Premium/Loan/Investment) | | |
| Other _____ | | |
| 2. Is Contract attached? If no, sign Declaration below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any assignment been released? | <input type="checkbox"/> | <input type="checkbox"/> |

DECLARATION OF LOST POLICY

I HEREBY CERTIFY that the above document has been lost, mislaid or destroyed beyond hope of recovery due to _____ Sign: _____

I also release ColinaImperial Insurance Ltd., from all claims, suits or actions on account of the lost Policy and from any and all damages, costs, charges and expenses arising therefrom. It is also agreed that if the said Policy is found it will be returned to the Company.

Owner's Signature: _____ **Witness:** _____

Beneficiary/Trustee _____ **Witness:** _____

Assignee(s) _____ **Stamp** _____

SURVEY

- | | | |
|--|------------------------------|-----------------------------|
| 1. Did you consult with your Sales Representative before making this decision? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you replacing this policy with: another Colina Imperial Policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| another Company's Policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. If answer to #2 is no, do you have other adequate insurance coverage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. If answer to #3 is no, would you like a sales representative to contact you with other Insurance options? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Were you happy with the services provided by: | | |
| Your Sales Representative: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Administrative Personnel: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

6. Reason for surrendering this policy _____

7. Do you have any suggestions that might help us improve services to our clients?