



Release Form for Payment of Cash Value of Insurance Policy

Please fill out this release form and have it notarized.
Once it is completed and notarized, send it to:

Church Life Insurance Corporation
19 East 34th Street
New York, NY 10016

I, [please print your name], _____,
the Insured and sole lawful Policy owner and holder of Policy No. _____ issued
by Church Life Insurance Corporation (Church Life), request that Church Life accepts a surrender
of this Policy for its cash value, less any surrender charges and cancels the Policy as of the date of
payment.

Once I receive the full cash surrender value of the Policy from Church Life, ***I hereby surrender this Policy and all rights thereunder*** and forever release and absolutely discharge Church Life, their successors and assigns, from all liability, claim and demand under the Policy.

I understand that all payments hereunder will be made by check.

Day of _____ 20 _____

Signature of Insured

State of: _____

County of: _____

On this day of _____ 20____, [print name] _____
personally appeared before me and is known by me to be the individual who executed this form.

Notary Public