



UTU Insurance Association

24950 Country Club Blvd., Suite 340
North Olmsted, Ohio 44070-5333
Phone 216-228-9400 Fax 216-228-0411 www.utuia.org

REQUEST FOR PAID-UP ACCUMULATION CASH SURRENDER

Owner _____ Social Security No. _____

Insured _____ Social Security No. _____

Policy No. _____ Local No. _____

As owner of the above noted policy, I hereby request the following paid-up accumulation (dividends) cash value.

Please select one of the following options:

- Specified amount \$ _____
- Maximum amount available

Be advised, once the paid-up accumulation (dividends) cash value is surrendered they cannot be reinstated or returned and the paid-up additional life insurance provided by the dividends will become null and void.

Signature of Owner

Signature of Co-Owner (if applicable)

Street Address

City/State/Zip

Telephone Number

Date