




Request for Cash Surrender of Certificate


I, the undersigned _____ member of _____ Lodge, Number _____ of W.S.A. Fraternal Life (hereinafter referred to as the "Association"), located at P.O. Box 351920, Westminster, Colorado 80035-1920 do hereby request that Certificate Number _____ insuring the life of _____, be surrendered for its net surrender value. I understand that said certificate will be rendered null and void as a result of this transaction.

Original Certificate must be enclosed

 _____
Signature of Insured (Guardian if Insured is a minor) _____ Date _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____ by _____ . Witness my hand and official seal

My commission expires: _____
(Notary Public)

 _____
Signature of Payer/Owner _____ Date _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____ by _____ . Witness my hand and official seal

My commission expires: _____
(Notary Public)


Forward the requested funds to: _____

Substitute Form W-9
Department of Treasury
Internal Revenue Service

Payee's Request For Taxpayer Social Security Number

The Interest and Dividend Tax Compliance Act of 1983 requires W.S.A. Fraternal Life to obtain and verify the Social Security Number of every account which earns interest. Your Social Security Number is not on file; therefore, interest payments cannot be disbursed.

Please provide the Social Security Number of the Taxpayer referenced above

 _____
Insured/Taxpayer Signature _____ Social Security # _____

(This form must be completed in its entirety.)

Home Office Use Only

Approved by: _____
Signature of National Officer _____ Date _____

Surrendered by: _____ Date surrendered: _____