



Check company which issued policy:

- Transamerica Occidental Life Insurance Company
- Transamerica Life Insurance Company (formerly PFL)
- Transamerica Assurance Company
- Transamerica Assurance Company/American Heritage Life Venture
- Monumental Life Insurance Company
- Life Investors Insurance Company of America

Request For Surrender

| | | | |
|-------------------------|---------------------|-----------------|-------------------------------|
| Policy Number: | Insured Name | | |
| | <i>(First)</i> | <i>(Middle)</i> | <i>(Last)</i> |
| Mailing Address: | | | Is this a new address? |
| <i>(Street)</i> | <i>(City)</i> | <i>(State)</i> | <i>(ZIP Code)</i> |

In consideration of and exchange for the Cash Value of \$ _____ of the above stated policy:
 Partial Withdrawal
 Maturity Value

I/We hereby surrender said Contract for cancellation. (The policy should be returned with this form.)

In accordance with the terms of the Contract, it is hereby agreed that any indebtedness thereon to the Company will be deducted from the (Cash)(Maturity) Value.

Said (Cash)(Maturity) Value is accepted in full settlement and complete satisfaction of all rights, claims and demands under said Contract.

It is expressly represented and warranted that no other person, firm or corporation has any interest in said Contract except the undersigned and that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned.

LOST POLICY STATEMENT

The original of the policy has been lost or destroyed, and to the best of my knowledge is not in the possession of any other person or firm. If the original policy is located, I promise to return it to the Administrative Office of the Company.

Signed at _____, _____ this _____ day of _____, _____.

(City) (State) (Date) (Month) (Year)

X _____
Owner's Social Security Number or Taxpayer I.D. Number

X _____
Policy Owner

X _____
Spouse (Required in community property states)

X _____
Assignee (if applicable)

X _____
Witness

X _____
Witness

X _____
Witness

Instructions:

The cash or maturity value is payable at the Administrative Office of the Company and only in exchange for the Contract and the satisfactorily completed release.

THE REQUEST MUST BE DATED the day it is signed and all signatures must be written in full exactly as they appear in the Contract and must be in ink. In the case of a woman who has been married since the contract was issued, her signature should be completed by adding her present name to the name as it appears in the contract. All signatures must be separately witnessed.

Return Completed Form To:
 Transamerica Worksite Marketing
 Administrative Office
 P.O. Box 8063
 Little Rock, Arkansas 72203-8063
 (888) 763-7474