



Insurance for all of us.™

Physicians Life Insurance Company
Annuity Customer Service
PO Box 2316
Omaha, NE 68172-4081
1.800.720.2891

Surrender Cancellation
for Annuity Contracts

(Please complete only if you are canceling the surrender process.)

Owner/Annuitant Information

Owner's Name _____

Joint Owner/Applicant's Name (If applicable) _____

Contract Number _____ Phone Number (____) _____

Fax Number (____) _____ Email Address _____

Annuitant's Name (If different from Owner) _____

Joint Annuitant's Name (If applicable) _____

Surrender Cancellation

[] Surrender Distribution to Owner
Please accept this as my written authorization to cancel my request to surrender the above contract with Physicians Life Insurance Company. I understand by signing this form, you will stop the surrender process and all benefits accrued will remain unchanged. Furthermore, I will not be charged any fees or penalties.

[] 1035 Exchange
This is my written authorization to _____
Name of Insurance Company
to release the absolute assignment executed on this contract for the purpose of accomplishing a 1035 exchange, since I no longer wish to make the exchange. I understand by signing this form, Physicians Life Insurance Company will stop the surrender process and all benefits accrued will remain unchanged. Furthermore, I will not be charged any fees or penalties.

[] Trustee to Trustee Transfer/Rollover
This is my written authorization to _____
Name of Insurance Company
to cancel the Trustee to Trustee Transfer or Direct Rollover requested on my contract. I understand by signing this form, Physicians Life Insurance Company will stop the surrender process and all benefits accrued will remain unchanged. Furthermore, I will not be charged any fees or penalties.

Signatures

Please return my original contract and a copy of this form for my records.

X
Owner's Signature _____

Date

X
Joint Owner's Signature (If applicable) _____

Date