

AMERICAN PUBLIC LIFE INSURANCE COMPANY
P. O. BOX 925
JACKSON, MS 39205

In consideration of and exchange for the cash value in Policy Number _____
issued on the life of _____, I (we) hereby
surrender said policy for cancellation.

In accordance with the terms of the policy, it is hereby agreed that any indebtedness
thereon to the Company will be deducted from the Cash Value

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

If the policy provisions state that the policy may only be surrendered upon default of
a premium, then such provision is waived and it is understood and agreed the policy may
be surrendered for its net Cash Value at any time after the policy has a Cash Value and
prior to sixty days after the due date of any unpaid premium.

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

Executed the _____ day of _____, _____

Witness to signature of Policyowner

Policyowner

Witness to signature of Husband

Husband (if community property state)

Witness to signature of Beneficiary

Beneficiary (if irrevocable)

Witness to signature of Assignee

Assignee (if any)