



Date: \_\_\_\_\_

To: Funeral Home

Re: Surrender of policies

Dear Funeral Home Director:

We have received your request to remit the surrender value of the policies where you are the assignee or the owner of the policy.

In order to process your request, please provide the following documentation:

- A listing of the policies for which you are requesting to surrender, including policy number and name of insured
- Any documentation proving that you are the owner or assignee of the policy such as policy assignment form
- The original policy; or in the alternative a declaration that the policy has been lost (see sample attached)
- A written statement addressed to ACA Assurance in Rehabilitation signed by an officer of the Funeral Home including the following statement:

I understand that all outstanding liens, loans and premiums due on this policy will be deducted from the surrender value of my policy.

I hereby certify under pains and penalties of perjury that \_\_\_\_\_(insert name of Funeral Home) has not assigned or transferred ownership of this policy to any other individual or entity and that \_\_\_\_\_(insert name of Funeral Home) is the legal owner of this policy.

I agree to have no Federal/State (if applicable) income tax withheld from the surrender proceeds.

Upon receipt of acceptable documentation, your request will be processed within 30 days.

Fraternally,  
ACA ASSURANCE IN REHABILITATION

Encl.



P.O. Box 989, Manchester, NH 03105-0989 603.625.8577 800.222.8577 Fax: 603.625.1214 www.aca-assurance.org  
ACA is a Fraternal Life & Health Insurance Benefit Society Established in 1896 as Association Canada-Américaine.

## DECLARATION OF LOST POLICY

Re: Policy No. \_\_\_\_\_

City/ Town \_\_\_\_\_

I, the undersigned, declare:

That \_\_\_\_\_  
(Name of Member)

Held a policy of insurance the beneficiary being

\_\_\_\_\_

Relationship \_\_\_\_\_

That the said insurance policy is lost and not available, nor can it be produced.

\_\_\_\_\_  
Signature of Claimant (or Representative)

\_\_\_\_\_  
Signature of Witness

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_