



PEKIN LIFE INSURANCE COMPANY
2505 COURT STREET, PEKIN, ILLINOIS 61558

CREDIT
INSURANCE
DIVISION

AUTHORIZATION TO CANCEL INSURANCE

Date _____

Creditor Code _____ Creditor Name _____

ORIGINAL COVERAGE

Policy Number _____ Date of Issue _____

Name of Principal Debtor _____ Age _____

Original Term _____ Initial Amount of Insurance _____

CANCELLATION

Single Life Joint Life

Cancellation Date _____ Social Security Number _____

Original Premium

Refund Premium

1. Decreasing Term Life Insurance

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2. Level Term Life Insurance

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3. Disability Income

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I, _____, hereby request that the above described policy
(Please Print)

be cancelled as of twelve o'clock noon, Standard Time, on the cancellation date shown above. I further acknowledge receipt of the amount shown above as a refund in full of the unearned portion of the premium actually paid by me for said policy.

Witness

Signature of Insured (Principal Debtor)