

**KANAWHA INSURANCE COMPANY**  
HOME OFFICE: LANCASTER, SOUTH CAROLINA

**POLICY VALUES TO PAY PREMIUM**

INSURED'S NAME \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ OWNER'S ADDRESS \_\_\_\_\_

OWNER'S SSN \_\_\_\_\_ OWNER'S PHONE # \_\_\_\_\_

Yes  No

\_\_\_\_\_ CITY \_\_\_\_\_ CITY LIMITS \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**POLICY LOAN (Policy Not Required)**

The loan is recorded as a first lien against the policy and is being made under the provisions of the policy. The signature below and endorsement of any checks issued because of this request constitutes acceptance of this transaction.

**SURRENDER OF POLICY FOR CASH VALUE LESS ANY INDEBTEDNESS (Policy Required)**

**WITHDRAWAL OF DIVIDENDS (Policy Not Required)**

- Dividend Accumulation
- Cash Surrender of Paid-Up Additions

I hereby request Kanawha Insurance Company to deduct the following from the proceeds to pay premiums as follow:

Policy/Application Number	Due Date	Amount
		\$
	<b>TOTAL LOAN AMOUNT</b>	<b>\$</b>

WITH RESPECT TO ANY FUNDS RECEIVED FOR LOAN, SURRENDER, WITHDRAWAL OF DIVIDENDS OR ANNUITY FUNDS, THE UNDERSIGNED HEREBY WARRANTS THAT NO ONE OTHER THAN THE UNDERSIGNED HAS ANY INTEREST IN OR CLAIM ON SAID POLICY AND THAT NO PROCEEDING IN BANKRUPTCY HAS BEEN INSTITUTED BY OR AGAINST THESE FUNDS.

IF ANY OF THE ABOVE REQUESTS TERMINATE THIS POLICY AND THE MARRIED NAME OF A FEMALE POLICYOWNER HAS NOT BEEN ENDORSED ON THE COMPANY RECORDS, THE SIGNING OF THE OWNER'S MAIDEN NAME IN FULL WITH THE MARRIED NAME ADDED IS REQUEST TO MAKE THE CHANGE ON COMPANY RECORDS AND TO MAKE PROCEEDS PAYABLE TO THE OWNER IN HER MARRIED NAME.

Witness \_\_\_\_\_  
AGENT \_\_\_\_\_ POLICYOWNER \_\_\_\_\_ DATE \_\_\_\_\_

Witness \_\_\_\_\_ My Commission Expires \_\_\_\_\_  
NOTARY PUBLIC \_\_\_\_\_