

Persistency Bonus/Return of Premium Surrender

Please check the box next to your insurance company's name.

ManhattanLife Assurance Company of America The Manhattan Life Insurance Company Family Life Insurance Company

I, _____, owner of Policy Number _____

hereby make application for the following change in my policy:

**Terminate/Surrender Persistency Bonus/Return of Premium Rider
and request withdrawal benefit be paid.**

Additionally, please check one of the following:

- Keep my cancer policy in force.**
- Terminate my cancer policy.**

Important: Any claims paid to you may reduce the cash value dollar for dollar. Please review your Rider to determine if claims reduce your cash value. The Rider contract may terminate when claims paid have exceeded the total amount of premiums paid. However, your policy will continue in force as long as you continue to pay premiums.

I, THE UNDERSIGNED, AGREE THAT THIS CHANGE SHALL BE AN AMENDMENT TO THE ORIGINAL APPLICATION.

Dated at _____ this _____ day of _____, 20____.

(time) (date) (month) (year)

Policyholder's Printed Name _____

Policyholder's Signature _____

Telephone Number _____

Submit Completed Form to:

Policyholder Services
P.O. Box 925989
Houston, TX 77292

Customer Service Department 1-800-669-9030
www.manhattanlife.com