



APPLICATION

SURRENDER VALUE MATURITY VALUE PAID UP VALUE

Form with fields for Insured Name, Social Security Num, Postal Address, Home Phone, Mobile Phone, E-mail, Policy number, Plan Code.

I HEREBY REQUEST Triple-S Vida, Inc. to surrender the accumulated effective cash value in the indicated insurance policy according to the instruction marked above.

I UNDERSTAND that this life insurance policy offered without additional premium a reduced paid-up insurance or extended term insurance, as applicable, which may be more advantageous than surrender this policy.

I CERTIFY THAT: (1) this policy is not assigned, pledged, or mortgaged, except to Triple-S Vida, Inc., or to one of the undersigned; (2) no bankruptcy proceedings have been initiated that could affect the title of property; (3) I have read and understand everything reported on this form.

If you request the surrender of the effective cash value policy, explain the reasons for your request:

I agree to hold Triple-S Vida, Inc. harmless from all losses, liabilities, damages, costs, and attorneys' fees incurred because of any claim or demand that may arise because of the requested change.

Owner's signature Date Witness of the mark signature

Irrevocable Beneficiary signature Date Witness of the mark signature

OATH - IF REQUIRED BY TRIPLE-S VIDA, ONLY

AFFIDAVIT NUM. \_\_\_\_\_

Sworn and signed before me by \_\_\_\_\_, of the personal circumstances mentioned above and whom I attest to having identified through \_\_\_\_\_.

In \_\_\_\_\_, Puerto Rico, on \_\_\_\_ of \_\_\_\_\_, 20 \_\_\_\_.

NOTARY

IMPORTANT NOTICE TO AUTHORIZED REPRESENTATIVE, SUPERVISOR, MANAGER OF TRIPLE-S VIDA

You must confirm that the person signing this application is the insured or the owner, if different from the Insured. In the case of a minor (underage) insured, the legal representative of the minor must sign. VERIFIED BY:

Authorized Representative Debit Date Supervisor

Manager Date

Dear Insured:

You may conveniently receive our payments with an electronic deposit directly to your bank account. This option eliminates the risk of missing checks or having to visit the bank and make long lines.

To take advantage of this service, you must complete this form and send it along with a VOID check if we are making an electronic deposit to a checking account. Or send a deposit slip with the bank stamp in case of the savings accounts.

This process is simple and straightforward.

**AUTHORIZATION FOR ELECTRONIC PAYMENTS OF BENEFITS  
REQUESTED TO THE INSURED SERVICE DEPARTMENT**

I authorize Triple-S Vida, Inc., to initiate credits entries to my bank account that correspond to the claim payment amount. This authorization does not allow Triple-S Vida, Inc to initiate debits to the bank account to recover overpayments arising from the service request.

This authorization remains in full force and effect until I cancel it. If I must cancel this authorization, I will submit a written notice to Triple-S Vida 30 days in advance. I agree that Triple-S Vida shall be fully protected in honoring any such credit to my account.

I acknowledge that the change to electronic payments may take 5 to 10 business days to make my request effective. Therefore, I may receive one or two checks by mail before beginning the electronic deposit directly to my account.

- I request payment by check only. I am canceling any prior authorization for direct deposit to my account.
- I am notifying you that my bank account number has changed.

_____ Insured Name	_____ Social Security
_____ Bank Name	_____ Branch
_____ Bank Account Numbe	_____ Routing and Transit Number
_____ Bank Account Authorized Signature	_____ Authorization Date
_____ Insured Signature (If different from the bank account)	_____ Service Request Number

Type of bank account (choose one)

- check     savings

**Remember to attach:**

For checking accounts: **cancel check (VOID).**

For savings accounts: deposit slip stamped by the bank or bank account certification.