

PARTIAL SURRENDER REQUEST UNIVERSAL POLICY (ORDINARY)

Name	Initial	Last Name	Second Last Name	Social Security Num.	
Mailing Address (Urb. / PO Box / Neighborhood / RR / HC / Num / Street)			City	Country	Zip Code
Policy Number:			E-mail:		
Residential Phone:	Mobile Phone:		Work Phone:	Ext.:	

FIRST: I request Triple-S Vida the partial surrender of the Surrender Account Value in the amount of \$ _____, subject to the terms and conditions of the policy.

SECOND: I accept the minimum administrative charge of \$25 for partial surrender.

THIRD: I was informed that \$200 is the minimum partial surrender amount available on Ultra Life Plus and Interflex policy. Also, \$500 is the minimum partial surrender amount available on American Freedom Universal Life and Universal Life Plus if my policy at the time of the partial surrender request has sufficient accumulated cash value to withdrawal.

FOURTH: I understand that it will be considered a partial surrender, any withdrawal whose amount of money is less than the total surrender account value minus the administrative charge applicable to my policy.

FIFTH: I acknowledge that depending on the number of years during which my policy was in force, Triple-S Vida, Inc. may apply a surrender charge to the requested partial surrender. These charges are described in the Table of Surrender Charges of my policy.

SIXTH: I understand that if Option A is in effect on my policy, this partial surrender will reduce the death benefit amount.

SEVENTH: I am aware Triple-S Vida has the right to:

1. Limit the number of partial surrenders during 12 consecutive months.
2. Differ the payment of any partial surrender up to 6 months from the date Triple-S Vida received the request.
3. No partial surrender will be allowed if this surrender reduces the insured amount to less than the minimum amount shown in the Policy Specification.

I CERTIFY that this policy has not been assigned, pledged, or mortgage except to **Triple-S Vida, Inc** or one of the undersigned. No bankruptcy or bankruptcy procedure that may affect the requested transaction has been initiated.

_____	_____	_____
Policy Owner's Signature	Date	Witness Signature
_____	_____	_____
Irrevocable Beneficiary's signature	Date	Witness Signature
_____	_____	_____
Triple S Vida Authorized Representative Signature	Date	District Office / Agency

IMPORTANT

In order to process your request, you must complete this form in its entirety and must include:

- Id copy with photo and signature (Driver License or Passport)