



**REQUEST TO SURRENDER A UNIVERSAL POLICY
(ORDINARY)**

Name	Initial	Last Name	Second Last Name	Social Security No.
Mailing Address: (Urb. / PO Box / Neighborhood/ RR / HC / Number/ Street)			City	Country Zip Code
Policy Number:		E-mail:		
Home Phone Number:	Mobile Phone Number:		Work Phone Number:	Ext.:

FIRST: I REQUEST Triple-S Vida, Inc. to surrender the accumulated values subject to the terms and conditions of my policy.

SECOND: I SURRENDER, along with this form, the policy that **Triple S Vida, Inc.** issued in my name.

THIRD: I ACKNOWLEDGE that the date of delivery of the surrender value will be the monthly deduction date that coincides with or follows the date we received your request and the Policy. I understand that the coverage under this Policy will end on that monthly deduction date.

FOURTH: I UNDERSTAND that the monthly deduction date is the date in each month in which Triple-S Vida deducted from the account value all insurance costs and charges for expenses.

FIFTH: I UNDERSTAND that the cash surrender value on that date will be equal to:
(a) the account value on the monthly deduction date (excluding monthly deductions for the following month); **LESS**,
(b) any surrender charge is shown in the Policy Specifications; **LESS**,
(c) any debt.

SIXTH: I ACKNOWLEDGE that **Triple S Vida, Inc.** may apply a surrender charge depending on the number of years during which my policy has been in force. These charges are itemized in my policy's Surrender Charges table.

SEVENTH: I AM INFORMED of the right of **Triple S Vida, Inc.** to:
(a) Defer payment on any policy surrender for up to six (6) months from the date when we receive this form.

I CERTIFY that this policy has not been assigned, pledged, or mortgaged, except to **Triple-S Vida, Inc.**, or to one of the undersigned, and that no bankruptcy proceedings that could affect the requested transaction have been initiated.

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

IMPORTANT: In order to process your application, you must complete this form in its entirety and must also include:
➤ A copy of a form of identification showing your photo and signature (a driver's license or passport)