



Request to Cancel Policy

Name of Policy Owner: _____

Name of Insured: _____

Policy Number: _____ Issue Date: _____

Please cancel the above named American Century Life Insurance Company of Texas Policy. I understand that once American Century Life Insurance Company of Texas' home office received and accepts this signed Request to Cancel Policy form, my policy is canceled and is therefore no longer in force.

Return Policy with this form

Date: _____

Signature of Policy Owner