American Century Life Insurance Company

Phone 855.966.1111 | Fax 855.855. 0181 | service@aclic.com

1333 W. McDermott Dr. #200, Allen, TX 75013

Policy Cancellation During Free Look Period

Policy Information

Annuitant Name: Policy #:

Owner Name: Owner SSN:

Owner Address: City: State: Zip:

Cancellation Request

I/we, the undersigned Owner(s), request that the above referenced policy be cancelled immediately and during the free look period according to the terms of the policy.

I/we understand that the premium refunded will be the full amount paid and with no interest or any other amounts.

Return of premium:

- For premiums collected by ACH – the premium will be credited to the bank account from which it was collected
- For premiums paid by check or wire transfer – a check will be mailed to the Owner(s) address on file

For a check to be mailed to any other address, please list it below (the check will be payable to the Owner(s)):

Name: _____

Address: _____

City, States, Zip: _____

- To apply the premium to a new policy with American Century, please add the new policy number (write "TBD" if new policy number is not yet available):

Transfer the premium to policy #: _____

Owner Name	Owner Signature	Date
Joint Owner Name	Joint Owner Signature	Date