



# Cancellation Request Form

» Please complete each field, sign and return it to the address above. Or, securely upload and return the completed form at [nylaarp.com/upload](http://nylaarp.com/upload). Please print clearly. A confirmation of the cancellation will be sent to the owner.

## Contract Information

**IMPORTANT:** All required fields must be correctly completed in order for this request to be processed.



Owner Name **(required)** Certificate/Contract Number **(required)**



Owner Address **(required)** City State Zip Code



Owner Date of Birth **(required)** Owner SSN - last 4 digits **(required)**

## Coverage Cancellation



Please indicate which coverage you would like to cancel:

- Please check this box if you would like to cancel **only the rider(s)** attached to this contract; your base coverage will remain active.
- Please check this box if you would like to cancel your full coverage, which includes the **base coverage and any rider(s)** attached to this contract.

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

## Owner Must Sign

If an assignee or irrevocable beneficiary (beneficiary whose designation cannot be changed without consent) is recorded for this contract, their signatures are also required.



Owner Signature **(required)** Date



Irrevocable Beneficiary Signature **(if applicable)** Date



Collateral Assignee Signature **(if applicable)** Date

