

# AFLAC CANCELLATION NOTICE

Date: \_\_\_\_\_

I, \_\_\_\_\_, do hereby request cancellation  
(print name of insured)  
of my \_\_\_\_\_ Policy \_\_\_\_\_.  
(type of policy) (policy number)

I, \_\_\_\_\_, do hereby request cancellation  
(print name of insured)  
of only my \_\_\_\_\_ rider on my  
(type of rider)  
\_\_\_\_\_ policy, Policy No. \_\_\_\_\_.  
(type of policy) (policy number)

Please make this cancellation effective \_\_\_\_\_.  
(date)

Insured's signature: \_\_\_\_\_

Insured's SSN: \_\_\_\_\_

Associate/Agent: \_\_\_\_\_  
(name and writing number)

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