

AFLAC CANCELLATION NOTICE

Please Fax completed form to 714/573-2924

Date: _____

I, _____, do hereby request cancellation
(print name of insured)

of _____ policy _____.
(type of policy) (policy number)

Please make this cancellation effective _____.
(date)

Insured's signature: _____

Insured's SSN: _____

Associate/Agent: Sandra Rokop
(name and writing number)