

CATHOLIC ASSOCIATION OF FORESTERS

PO Box 850888

Braintree, MA 02185

(781) 848-8221 or 1-800-282-2263

Fax (781) 848-0311

www.catholicforesters.org

APPLICATION FOR CASH SURRENDER VALUE

Certificate Number: _____

The undersigned member of the Catholic Association of Foresters hereby request the Society to pay the said Member the Cash Surrender Value of the said Certificate, and in consideration thereof, the undersigned hereby Releases the Catholic Association of Foresters from all alternative claims and demands there under. The effective date of the Cancellation of said Certificate shall be the Date of Receipt of the Application and the Certificate at the Office of the Catholic Association of Foresters. Upon said receipt, the Society’s obligation under said Certificate shall become limited to the payment of the said Cash Surrender Value.

Witness my hand this _____ day of _____, 20_____

Signature of Witness

Signature of Member

Address of Witness

Address of Member

ORIGINAL CERTIFICATE OR LOST CERTIFICATE FORM
MUST BE RETURNED WITH THIS FORM