



**American Century Life Insurance Company of Texas**

1333 W. McDermott Dr., Suite 150

Allen, TX 75013

Phone (855) 966-1111

Fax (855) 855-0181

## Request to Cancel Policy

Name of Policy Owner: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Please cancel the above named American Century Life Insurance Company of Texas Policy. I understand that once American Century Life Insurance Company of Texas' home office received and accepts this signed Request to Cancel Policy form, my policy is canceled and is therefore no longer in force.

## Return Policy with this form

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

\_\_\_\_\_  
Signature of Policy Owner