

# AFLAC CANCELLATION NOTICE

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

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

of \_\_\_\_\_ policy \_\_\_\_\_.  
(type of policy) (Aflac policy number)

Please make this cancellation effective \_\_\_\_\_.

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

Insured's social security number: \_\_\_\_\_

Associate/Agent: Shawn Holmes