

AFLAC CANCELLATION NOTICE

Date: _____

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

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

Please make this cancellation effective 1/1/2023.
(date)

Insured's signature: _____

Insured's SSN: _____

Associate/Agent: _____
(name and writing number)

American Family Life Assurance Company of Columbus (Aflac)
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
1.800.992.3522 telephone • 1.800.448.8922 fax • aflac.com