

AFLAC CANCELLATION NOTICE

Date: _____

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

of my _____ Policy _____
(type of policy) (policy number)

Please make this cancellation effective _____
(date)

Insured's signature: _____

Insured's SSN: _____

Associate/Agent: _____
(name and writing number)

American Family Life Assurance Company of Columbus (Aflac)
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