

**DIRECTORS LIFE ASSURANCE COMPANY  
NOTICE OF CANCELLATION**

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

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

Policy Number: \_\_\_\_\_

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

Please cancel the above named Directors Life Assurance Company policy.

I understand that once Directors Life Assurance Company's Home Office receives and accepts this signed Notice of Cancellation that my policy is cancelled and is no longer in force.

Policy Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DIRECTORS LIFE ASSURANCE COMPANY**  
P.O. Box 20428  
Oklahoma City, OK 73156

405-842-1234  
800-256-8003  
405-842-4998 fax