

TO: Payroll Department

This will authorize you to discontinue my Payroll Deduction on Policy
Number _____ with AMERICAN HERITAGE LIFE INSURANCE
COMPANY, Jacksonville, Florida, effective with the payroll of
_____, 20_____.

_____ Employer	_____ Employee
_____ Address	_____ Address

Mail Copy to:

AMERICAN HERITAGE LIFE INSURANCE COMPANY
1776 American Heritage Life Drive
Jacksonville, Florida 32224-6688

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