

SURRENDER REQUEST FORM

Section A – Policy Information (You Must Complete This Section)

Policy Number: _____ Insured: _____

Section B – Surrender Request and Withholding Election (You Must Complete This Section)

The undersigned owner and/or co-owner of the referenced policy hereby forwards the policy to and requests that the policy be canceled and the cash surrender value of the policy, if any, be paid to the owner and/or co-owner. The owner and/or co-owner and any irrevocable beneficiary hereby indicate his/her understanding that the cancellation of the policy and withdrawal of the cash surrender value terminates the insurance coverage provided under the policy as of the effective date of the surrender, which is the date all requirements are received by the company. Furthermore, all undersigned below acknowledge that the termination of this policy may be considered a taxable event which will be reported to the IRS. Each individual signing below certifies that he/she is of legal age, that the policy is not assigned and pledges that the policy is not subject to any bankruptcy proceeding, attachment, lien, or claim except as indicated on this form. The undersigned owner and/or co-owner of the referenced policy hereby requests a policy surrender (termination) be processed against the above policy number. Please return your original policy and/or any duplicate policies or certificates of insurance, or check the Lost Policy Affidavit below:

LOST POLICY AFFIDAVIT: I hereby certify that the policy has been lost or destroyed, I have no knowledge of its whereabouts and said policy is not assigned, hypothecated or pledged. If at any time the original policy certificate or duplicate is found, I will immediately destroy it or return it to the company.

Under current federal income tax law, we are required to withhold 10% of the taxable portion of the cash surrender value and pay it to the IRS **UNLESS YOU TELL US IN WRITING NOT TO WITHHOLD TAX.** Certain states also require us to withhold state income tax if we withhold federal tax.

You are responsible for paying income tax on the taxable portion of our payment even if we do no withholding. You may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Also, an additional 10% Federal Tax penalty may be imposed on your withdrawal. In making your decision about withholding, you should consider that penalties under the estimated income tax rules may apply if your withholding and estimated income tax payments are not sufficient.

WITHHOLDING ELECTION: Enter your Tax ID Number in section D below. Check "A" if you do not want any Federal/State Income Tax withheld from your withdrawal/surrender proceeds; check "B" to have taxes withheld by the company and forwarded to the IRS on your behalf. As stated above, you are liable for the accurate payment of the applicable Federal/State Income Tax on the taxable portion of your withdrawal.

A. Do not withhold Federal/State Income Tax B. Withhold Federal Income Tax at 10% as well as applicable State Income Tax

Section C –Payee (If this section is not completed, the funds will be paid to the Policy Owner)

Name: _____ Payee's SS#: _____ - _____ - _____ * Phone: (____) _____ - _____

Address: _____

Section D – Endorsement (The Current Policy Owner(s) Must Complete This Section)

X _____ Owner's SS#: _____ - _____ - _____ * Owner's Phone: (____) _____ - _____
Signature of Current Policy Owner/Assignor (Required) (Required) (Required)

X _____ Co-Owner's SS# _____ - _____ - _____ X _____
Signature of Co-Owner/Spouse (If Applicable) (Required, if applicable) Signature & Title of Assignee/Irrev. Beneficiary (If Applicable)

Date: _____ X _____ Notary Stamp/Seal (If Applicable):
(Required) Signature of Witness/Notary Public (If Applicable)

**Under penalties of perjury, I, the Owner and or Co-Owner, certify that: The number shown in this document is my correct social security or taxpayer identification number, and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am not subject to backup withholding. I am a U.S. Citizen or resident alien or a domestic business entity. (If you are not a U.S. citizen or a U.S. resident alien, or a domestic business entity for tax purposes, please cross out this certification, complete and return IRS form W-8BEN, which can be located on www.irs.gov.)*

*** If you reside in one of the community property states listed, your spouse's signature is required. Community Property States: AZ, CA, GUAM, ID, LA, NV, NM, PR, TX, WA, WI. Unless we have been notified of a community or marital property interest in this contract, if this space is unsigned, we will rely on good faith that no such interest exists and will assume no responsibility for inquiry.*