Nonqualified Plan
Request for Full or Partial
Surrender Form

AF9605NQ (08/20)

AMERICO
Administrative Office: PO BOX 410288, Kansas City, MO 64141-0288
Phone: 800.231.0801 • Fax: 800.395.9238 • Email: forms@americo.com

Policyowner's Name	Policy Number
Policyowner's Street Address *(Include City, State, and ZIP)*	
Email Address	Daytime Phone Number

☐ **Request for 10% Penalty Free Partial Surrender/Transfer** (Annuity Only)

☐ **Request for Partial Surrender/Transfer $**_____ (Specify Amount Requested)
☐ **Process Net Amount Specified Above** or ☐ **Process Gross Amount Specified Above**
(If not specified, net amount will be processed if available.)

☐ **Request for Full Cash Surrender/Transfer** (Attach Policy - See Below)
In consideration of and in exchange for the cash value of the above policy, the undersigned hereby surrenders said policy for cancellation. In accordance with the terms of the policy, it is hereby agreed that any indebtedness thereon to the Company will be deducted from the cash value. It is understood and agreed that upon execution and mailing of this request to the Company, the entire liability of the Company under this policy is hereby discharged and terminated, except for payment of the net cash surrender value. It is expressly represented and warranted that no other person, firm or corporation has any interest in said policy except the undersigned and that there are no tax liens or proceedings in insolvency or bankruptcy instituted or pending against the undersigned owner.

How Are These Funds Distributed?

☐ **Direct Distribution**
☐ Regular Mail ☐ EFT (please provide voided check) ☐ Overnight $20.00 Fee (physical address required)

☐ **Directed Rollover, Transfer, or Exchange**
Name of Receiving Company:_____
☐ Regular Mail ☐ Overnight $20.00 ***(physical address and FedEx Account Number, or $20 check required)***

FEDERAL INCOME TAX WITHHOLDING ELECTION FOR "NON-ELIGIBLE ROLLOVER DISTRIBUTIONS"

☐ I elect not to have federal income tax withheld from the taxable portion of my distribution check.

☐ I elect to have federal income tax withheld from the taxable portion of my distribution check. Insert rate if greater than 10%: _____
If an option is not selected we will withhold if required.

Please note: If your payments of estimated tax are inadequate and a sufficient amount of tax is not withheld from any distribution, penalties may be imposed under the estimated tax payment rules. If you elect withholding of federal income tax and your state requires withholding of state income tax, both taxes will be withheld. If you elect **not** to have federal income tax withheld, state income tax, if required, will not be withheld.

If you elect not to have withholding apply to your payment, or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated rules if your withholding and estimated tax payments are not sufficient. Most distributions (both periodic and non-periodic) from qualified retirement plans and nonqualified annuity contacts made to you before you reach age 59½ may be subject to an additional tax of 10%.

As a result of the Unemployment Compensation Amendments of 1992 (P.L. 102-318), if this distribution is an "eligible rollover distribution," as defined in Internal Revenue Code Section 402(f)(2)(A), we are required to withhold 20% of your distribution unless it is paid directly to another trustee. If this distribution is not an eligible rollover distribution, then we are required to inform you of and give you an opportunity to make a tax withholding election. The new provisions apply to distributions from qualified and nonqualified life insurance policies and annuities including, but not limited to, deferred compensation plans, pension plans and 403(b) distributions. Partial surrenders of these contracts are to be treated as distributions. Withholding will only apply to the portion of your distribution that is included in your income subject to federal income tax. Thus, there would be no withholding on the return of your own nondeductible contribution. If an election is not made or if withholding is elected, the Company is required to withhold as follows:

If your check is a nonperiodic payment, the rate of withholding will be either: (a) determined according to computational procedures or tables provided in the Treasury Regulations accompanying Internal Revenue Code Section 3405 if the distribution is either a qualified total distribution or a total distribution by reason of death of the participant; or (b) 10% for any other nonperiodic payment, unless a higher rate is requested.

LOST POLICY STATEMENT (SURRENDER ONLY)

I hereby certify that the policy has been lost or destroyed and I have no knowledge of its whereabouts and said policy is not assigned, hypothecated or pledged. If at any time the original policy is found, such certificate or duplicate policy will be null and void and immediately returned to the Company.

Policyowner Signature _____ Date _____

SURRENDER/WITHDRAWAL INSTRUCTIONS AND INFORMATION

1. The cash value is payable at the Service Office of the Company in Kansas City, Missouri (PO BOX 410288, Kansas City, MO 64141-0288), and only in exchange for the policy and the executed Surrender/Withdrawal request.
2. HOW TO SIGN - The request must be dated. All signatures must be written in full exactly as they appear in the policy and must be in ink.
3. WHO MUST SIGN - This request must be signed by (1) the person or persons who, under the terms of the policy, have the rights of ownership, (2) by an assignee, and (3) by any other party who, by legal proceedings or statutes, may have an interest in the policy.
4. If signed for: (1) A Corporation, the corporate name should be written followed by the signature and title of an authorized officer. If signed for: (2) A trust, the trustee title should follow the signature of the trustee. If signed for: (3) A Partnership, the full name of the partnership should be written followed by the signature of any partner other than the insured.

**Signature of spouse is required if the policyowner resides in one of the following community property states: AZ, CA, ID, LA, NV, NM, TX, WA, WI, or Guam. If the owner was married during the time of the contract and no signature is present on this form, a copy of a death certificate or divorce decree is required.

TAXPAYER IDENTIFICATION CERTIFICATION

1. Under penalties of perjury, I certify that I am a US citizen or other US person, and that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me.)
2. I am not subject to backup withholding because (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (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 no longer subject to backup withholding.

   ☐ **Check the box if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest or dividends on your tax return.**
3. I am exempt from FATCA (Foreign Account Tax Compliance Act) reporting.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Owner (with title, if applicable) _____ Date _____

Signature of Joint Owner (with title, if applicable) _____ Date _____

Signature of Spouse (if applicable) _____ Date _____

Signature of Assignee/Irrevocable Beneficiary _____ Date _____

Tax Identification Number of Policyowner _____

Signature of Notary Public (if required) _____

Stamp/Seal of Notary Public _____

NOTE: The release of policy values may affect the guaranteed elements, non-guaranteed elements, face amount, or surrender value of the policy from which the values are released. The policy owner(s) has the right to receive information regarding the existing policy or contract values including, if available, an in force illustration or policy summary.