Assurity® Life Insurance Company
402-476-6500 | 800-869-0355 | FAX 888-255-2060
Assurity® Life Insurance Company of New York
844-401-7585 | FAX 888-255-2060
Admin: Office: P.O. Box 82533, Lincoln, NE 68501-2533

Surrender Request

First, Middle, Last

Insured's Name _____ Policy/Certificate Number(s) _____

Owner's Phone No. _____ Owner's Email Address _____

Owner's Soc. Security/Tax ID No. _____

SURRENDER

Failure to complete this section will result in default withholding.

Federal

For nonperiodic payments, the default federal withholding rate is 10%. If you wish to have income tax withheld at a rate other than 10%, complete and sign the attached Form W-4R.

☐ Withhold federal tax at the default rate of 10%.

☐ Withhold federal tax at the rate indicated on Form W-4R.

State

Withholding rates vary by jurisdiction. Some states require mandatory withholding and you may not be eligible to opt out or elect an alternate rate, even if selected below. Please consult your tax advisor if you have questions regarding withholding. If you wish to select a rate different than the default rate, please enter it below.

☐ Withhold state income taxes in the amount of $_____ or _____%

Withholding Opt-Out

☐ Do not withhold federal and state income taxes, if applicable, from the taxable distribution.

MISCELLANEOUS

NOTE: By signing this form, you are requesting a surrender of your policy. Once surrendered the policy/certificate cannot be reinstated. When surrendering a policy, please return the policy if available.

Substitute Form W-9 information *(Request for Taxpayer Identification Number and Certification)*: I, the Owner *(or each Joint Owner)*, certify under penalties of perjury that the number shown is my correct Taxpayer Identification Number. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. Person *(including a U.S. resident alien)*. The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

Assurity may obtain a consumer report pursuant to the federal Fair Credit Reporting Act (FCRA) for purposes of verifying and authenticating this account. I *(we)* hereby consent and authorize Assurity to obtain such a report and I *(we)* understand that if any adverse action is taken based on the report, I *(we)* will be notified according to the FCRA.

_____ _____

Date (MM/DD/YYYY) *Signature of Owner/Account Holder*

_____ _____

Signature of Agent (if witnessed) *Signature of Joint Owner*

Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, New York. Product availability, features and rates may vary by state.