AAA Life Insurance Company

17900 N. Laurel Park Dr.
Livonia, MI 48152
(800) 624-1662

FUNDS DISBURSEMENT REQUEST

POLICY NUMBER:_____ OWNER NAME:_____

DATE OF BIRTH:_____ SOCIAL SECURITY NUMBER:_____

OWNER'S ADDRESS:_____
STREET ADDRESS CITY STATE ZIP CODE

PHONE NUMBER:_____

I WOULD LIKE MY FUNDS DISBURSED IN THE FOLLOWING METHOD (CHECK ONE):

☐ LOAN ☐ PARTIAL WITHDRAWAL ☐ FULL SURRENDER

REQUESTED FUNDS AMOUNT $_____

_____ _____
OWNER'S SIGNATURE DATE

SPECIAL MAILING INSTRUCTIONS

All checks will be mailed to the address of the owner unless one of the following options are chosen:

☐ **Recipient Company**

Name & Address of Company

_____

_____

_____

☐ **Electronic Funds Transfer (please include a check marked "void" to ensure accuracy)**

Bank Name:_____

Bank Address:_____

ABA Routing # :_____

Name on Account:_____

Bank Account # :_____

Accendo Insurance Company
part of the CVS Health® family of companies and Aetna affiliate
P.O. Box 323
Brownwood, TX 76804

Request For Cash Surrender Value Of Policy

from Accendo Insurance Company

part of the CVS Health® family of companies and Aetna affiliate

- Print clearly and use blue or black ink.
- Make a copy for your records.

1. Instructions

1. The owner/insured must sign the request for cash surrender value and the signature must be witnessed.
2. The original policy, if available, must be returned for cancellation.
3. If the original policy is not returned, the statement of lost policy must be signed by the owner/insured and the signature must be witnessed.
4. All signatures must be in ink and should appear exactly as the names are given in the original policy.

2. Request

I hereby request cancellation of policy and request payment of the cash surrender value thereof. I am enclosing the policy for cancellation (or I have executed the statement of lost policy) and hereby relinquish all right, title and interest that I now have or may hereafter have in said policy by requesting cash surrender value hereof.

Policy number

.

Name of person covered

.

Owner/Insured

X

Witness

X

Date

.

3. Statement of lost policy

Complete only if the original policy is not being returned.

I hereby certify that the original policy has either been lost, destroyed, stolen or wrongfully converted and is not now in my possession or in the possession of any person or persons legally entitled thereto. I hereby relinquish all right, title and interest that I now have or may hereafter have in said policy by requesting cash surrender values of the policy, and if the original policy comes into my possession in the future, I agree to deliver it to the company for cancellation.

Original policy number

Name of person covered

Owner/Insured

X

Witness

X

Date

.

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American Continental Insurance Company
Continental Life Insurance Company
of Brentwood, Tennessee
Aetna Companies
PO Box 14770
Lexington, KY 40512

Request For Cash Surrender Value Of Policy

from American Continental Insurance Company and
Continental Life Insurance Company of Brentwood, Tennessee

- Print clearly and use blue or black ink.
- Make a copy for your records.

1. Instructions

1. The owner/insured must sign the request for cash surrender value and the signature must be witnessed.
2. The original policy, if available, must be returned for cancellation.
3. If the original policy is not returned, the statement of lost policy must be signed by the owner/insured and the signature must be witnessed.
4. All signatures must be in ink and should appear exactly as the names are given in the original policy.

2. Request

I hereby request cancellation of policy and request payment of the cash surrender value thereof. I am enclosing the policy for cancellation (or I have executed the statement of lost policy) and hereby relinquish all right, title and interest that I now have or may hereafter have in said policy by requesting cash surrender value hereof.

Policy number

.

Name of person covered

.

Owner/Insured

X

Witness | Date

X | .

3. Statement of lost policy

Complete only if the original policy is not being returned.

I hereby certify that the original policy has either been lost, destroyed, stolen or wrongfully converted and is not now in my possession or in the possession of any person or persons legally entitled thereto. I hereby relinquish all right, title and interest that I now have or may hereafter have in said policy by requesting cash surrender values of the policy, and if the original policy comes into my possession in the future, I agree to deliver it to the company for cancellation.

Original policy number

.

Name of person covered

.

Owner/Insured

X

Witness | Date

X | .

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AMERICAN-AMICABLE
GROUP OF COMPANIES

AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS
IA AMERICAN LIFE INSURANCE COMPANY
OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLINA
PIONEER AMERICAN INSURANCE COMPANY
PIONEER SECURITY LIFE INSURANCE COMPANY

Client Experience Department • PO Box 2549, Waco Texas 76702-2549 • Fax: 254-297-2105 • Email: cx@aatx.com

POLICY CANCELLATION REQUEST

Please use dark ink and print all information other than signatures.

Policy Number: _____ Insured's Name: _____
(PLEASE PRINT)

Policy Owner's Name: _____ DOB: _____
(PLEASE PRINT)

Address: _____
(PLEASE PRINT)

City, State, Zip: _____
(PLEASE PRINT)

SS#: _____ Phone No: _____

Email Address: _____

I wish to cancel my policy and receive any policy values due me.

Reason for cancellation: _____

_____ Direct deposit to my bank account. A voided check (or clear copy) is attached below.

_____ The check will be mailed to the address above. (If the check is not received within 30 days from the date mailed, please contact our office to have a replacement check issued.)

If there is a taxable gain on the cash surrender value, the Company will report the gain to the IRS and you will be mailed a 1099-R at the end of next January. Unless the box below is checked, taxes will be withheld from the distribution and sent to the IRS.

☐ Do NOT withhold taxes

FOR SECURITY REASONS, HANDWRITTEN SIGNATURES ARE VERIFIED ON ALL REQUESTS OVER $5,000.00. SINCE SIGNATURES MAY CHANGE OVER TIME, PLEASE INCLUDE A CLEAR COPY OF A FORM OF ID WITH YOUR CURRENT SIGNATURE.

Policy Owner's Signature: _____ Date: _____

OPTIONAL
PLACE VOIDED CHECK HERE

9-digit Transit/ABA Number: _____ Account #: _____

Account Holder(s) Name: _____

Type of Account: Checking (___) Savings (___)

Surrender Application

☐ **American General Life Insurance Company**
☐ **The United States Life Insurance Company in the City of New York**

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is solely responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

Mailing Instructions: Send form(s) to:
☐ Standard Address • PO Box 818005 • Cleveland, OH 44181 • Fax: 855-601-1834
☐ Variable Life Service Center • PO Box 818016 • Cleveland, OH 44181 • Fax: 844-430-2639

SECTION A - EXISTING POLICY INFORMATION

Please fill out all applicable information below.

Policy Number: _____
*Required

Insured/Annuitant Name(s): _____ SSN/ITIN or EIN: _____
*Required *Required

Owner Name: _____ SSN/ITIN or EIN: _____
*Required *Required

Address: _____ Primary Phone: _____

_____ Alternate Phone: _____

☐ Check here if this is a permanent address change Email Address: _____

Co-Owner Name(s): _____ SSN/ITIN or EIN: _____
If applicable If applicable

Address: _____ Primary Phone: _____

_____ Alternate Phone: _____

☐ Check here if this is a permanent address change Email Address: _____

Assignee, Irrevocable Beneficiary,
Other Name (if applicable): _____ SSN/ITIN or EIN: _____
If applicable If applicable

SECTION B - CASH SURRENDER

☐ I hereby apply for the Cash Surrender value of the above described Policy. In consideration of the payment to be made to me of the Cash Surrender value, I surrender the Policy to the Company for cancellation of all insurance hereunder and immediately release and forever discharge the Company from all claims under said Policy.

SECTION C - CANCELLATION OF RIDERS WITH VALUES

☐ Single Premium Whole Life ☐ Supplemental Annuity Benefit Rider ☐ Cash Value Deposit Fund
☐ Guaranteed Deposit Account ☐ Return of Premium ☐ Other _____

SECTION D - FEDERAL AND STATE INCOME TAX WITHHOLDING

Generally, withdrawals and surrenders from a life insurance policy that is not a Modified Endowment Contract (MEC) are not taxable until the amount withdrawn or surrendered exceeds the total of the premiums paid, which represents the Owner's basis in the policy. Under a MEC, the withdrawal or proceeds associated with a loan are treated as coming from gain first and cost basis last. In addition, if a policy is a MEC, a 10% additional tax may be imposed for withdrawals taken prior to age 59½.

Federal Income Tax Withholding: The payment(s) you receive from the Insurer may be subject to federal income tax withholding unless you are eligible to elect out of withholding and elect not to have withholding apply. *(However, we must have your correct US Taxpayer Identification Number [TIN] in order for you to elect into or out of withholding.)* Withholding will only apply to the taxable portion of your distribution. **Your withholding election will remain in effect until you revoke it. The Insurer will withhold 10% of the taxable amount of your surrender/withdrawal, unless you elect otherwise below.**

State Income Tax Withholding: States with a state income tax either require mandatory withholding or allow voluntary withholding. If your state requires mandatory withholding, we will withhold the mandatory amount without regard to your election below. Should you elect state income tax withholding and fail to provide a specific dollar or percentage amount and your state of domicile does not provide a default state withholding amount, we will withhold for state income tax purposes 5% of the taxable portion of your distribution for state income tax. **Should your state of domicile require a specific state withholding form, your state income tax withholding election will not be taken into account (and we will withhold based on the state mandatory withholding rate or our default state income tax withholding) until the required form is received at our Customer Service Center.**

Withholding Election: If you are eligible to elect out of and elect not to have federal or state income tax withheld, please be advised that you may be liable to pay the federal or state income tax on your distribution as deemed appropriate by the Internal Revenue Service or state taxing authority, regardless of your election. You may also be subject to tax penalties if your payments of estimated tax and withholding, if any, are not adequate. If at any point in time after submitting this form you would like to change your tax withholding election, please send our Service Center a Form W-4R.

Federal Withholding Election *(Select only **one** option below)*	**State Withholding Election** *(Select only **one** option below)*
☐ I elect to withhold Federal Income Tax as indicated on the accompanying Form W-4R. The current Form W-4R is available on the IRS website at www.IRS.gov. ☐ I elect the default rate of 10% be withheld from the taxable portion of my distribution and will not be providing a Form W-4R. Note - If you check the box above to elect the Federal Income Tax default withholding rate and provide the Company a completed Form W-4R, the Company will utilize the election instructions provided on the Form W-4R. ☐ I elect not to withhold any federal income taxes unless mandated by law.	☐ **DO NOT** withhold any state income taxes unless mandated by law. ☐ **DO** withhold state income taxes in the amount of $_____ or_____% (cannot be less than any mandatory withholding). The following states do not allow withholding: Alaska, Arizona, Florida, Nevada, New Hampshire, South Dakota, Tennessee, Texas, Virgin Islands, Washington, Wyoming.

Notice to non-resident aliens: A payment to a non-U.S. person/entity may be subject to federal income tax withholding at a rate of 30% of the taxable portion of the distribution, unless the payee submits a completed IRS Form W-8BEN (or if applicable, a Form W-8BEN-E) and the payment is eligible for reduced federal income tax withholding. If the payee is an entity, it will be considered a foreign entity and subject to a mandatory 30% federal tax withholding of the gross payment until a completed Form W-9 showing that it is a U.S. entity or a Form W-8 (of some variety) is provided.

Notice for payments made outside the U.S: A payment to a U.S. person/entity and delivered to an address outside the United States and its possessions is subject to federal income tax withholding at a rate of 10% and cannot be reduced.

The Company will provide you and the Internal Revenue Service with an informational tax form after the close of the calendar year.

SECTION E - SIGNATURE AND DATE

The Policy Owner(s) warrants that the above-referenced policy withdrawal or loan is not subject to any prior agreements, contractual obligations, legal proceedings or court/administrative orders, including but not limited to divorce or bankruptcy proceedings ("Obligations"), which restrict, limit or otherwise prohibit such withdrawals and loans as contemplated. The Policy Owner(s) acknowledges and agrees that in the event any obligations become known subsequent to the above-referenced withdrawal or loan being made, which if then-known to the Company, would have caused the Company not to disburse the withdrawal or loan on the policy (or not to disburse the withdrawal or loan without the consent of a party other than the Policy Owner(s)), the withdrawal or loan, plus interest, will become immediately due and payable to the Company by the Policy Owner(s), and the Policy Owner(s) shall indemnify and the Company harmless from any and all losses associated with the withdrawal or loan, including costs of recovery and reasonable attorney fees.

You and the Internal Revenue Service will be provided with an informational tax form after the close of the calendar year. A withdrawal of any type, before age 59½, may subject you to an IRS penalty tax.

TAX CERTIFICATION (Substitute Form W-9) – Applicable to U.S. persons (including U.S. citizens and resident aliens). If you are not a U.S. person, you are required to submit the applicable IRS Form W-8 series (BEN, BEN-E, ECI, EXP or IMY).

Under penalties of perjury, I certify to the following:

1. That the taxpayer identification number listed on this form is my correct SSN/TIN and I am a U.S. Citizen or other U.S. person (including resident aliens);
2. I further certify that I am exempt from and have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding. The Company is required to withhold income tax on any payments, which include interest and dividends when the owner is subject to backup withholding.; and
3. I am exempt from Foreign Account Tax Compliance Act ("FATCA") reporting.

Certification Instructions: You must cross out any statement in 1-3 that does not apply to you. For any instructions on how to complete this certification, please see the General Instructions for the IRS Form W-9 on www.irs.gov. If you can complete a Form W-9 (Request for Taxpayer Identification Number) and you are a U.S. Citizen or U.S. resident alien, FATCA reporting may not apply to you. **Please consult your own tax advisor with any questions you may have regarding this certification.**

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

Current/Existing Owner's Signature (required)

X

Date _____

Current/Existing Owner's Signature (required)

X

Date _____

Assignee, Irrevocable Beneficiary, Other Signature (if required)

X

Date _____

If you were a minor when this policy was issued, please submit a copy of your Driver's License with the application.

Complete this section if this Policy is owned by a trust or business.

☐ Trust Owned: (Complete the Certification of Trust)
☐ Business Owned: (Complete the Business Certification)

Owner Signature

Print full name of Company: _____

_____

Print full name and title of authorized signer: _____

_____

Authorized Signature (required)

X

Date _____

INSTRUCTIONS AND CONDITIONS

This page is for informational purposes only and does not need to be returned with the form.

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is solely responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

SECTION A - POLICY INFORMATION

Complete all policy information in this section. You may use this form for multiple policies that have the same policyowner and require the same signatures.

SECTION B - CASH SURRENDER

Complete this section for a full surrender of the policy.

SECTION C - CANCELLATION OF RIDERS WITH VALUES

Elect one of the disbursement options available or indicate rider to cancel on the space provided.

SECTION D - FEDERAL AND STATE INCOME TAX WITHHOLDING

Select desired Income Tax Withholding.

Internal Revenue Service regulations require that 10% withholding will occur unless you elect not to have withholding apply. A mandatory 20% withholding applies to a distribution from a qualified pension, profit sharing plan, or tax sheltered annuity, unless you make a direct rollover or transfer of the amount withdrawn. If the distribution is not eligible for rollover, the withholding is 10% on the gain and you may elect out of withholding. A mandatory 30% withholding from any gross distribution will apply to any FATCA withholdable amount unless you provide the appropriate US Tax certification. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SECTION E - SIGNATURE AND DATE

Please elect ownership type and fill out all applicable information. All required signatures must be written in ink, using full legal names. The request must be signed by: the person or persons who have the rights of ownership under the terms of the Policy, by an assignee, or by any other party who may have an interest in the Policy by legal proceedings or statutes.

- If the owner is a trust, complete the Certification of Trust.
- If the owner is a business, complete the Business Certification.

ADDITIONAL REQUIREMENTS

Guardianship/Conservatorship - Signature of the current guardian is required along with the current Guardianship Papers or Letter of Conservatorship. The signature must be dated within one year of the request.

Power of Attorney - Request must be signed by the attorney-in-fact. A copy of the applicable Power of Attorney document is required. A completed, signed, dated, and notarized Power of Attorney Affidavit and Indemnity Agreement is required when the disbursement will be $100,000 or over and/or the face amount of the policy is $1,000,000 or over.

Request For Cash Surrender Value Of Policy

from The American Home Life Insurance Company

Print clearly and use blue or black ink.
Make a copy for your records.

The American Home Life Insurance Company
P.O. Box 14109
Lexington, KY 40512

1. Instructions

1. The owner/insured must sign the request for cash surrender value and the signature must be witnessed.
2. The original policy, if available, must be returned for cancellation.
3. If the original policy is not returned, the statement of lost policy must be signed by the owner/insured and the signature must be witnessed.
4. All signatures must be in ink and should appear exactly as the names are given in the original policy.

2. Request

I hereby request cancellation of policy and request payment of the cash surrender value thereof. I am enclosing the policy for cancellation (or I have executed the statement of lost policy) and hereby relinquish all right, title and interest that I now have or may hereafter have in said policy by requesting cash surrender value hereof.

Policy number

.

Name of person covered

.

Owner/Insured

X

Witness

Date

X .

3. Statement of lost policy

Complete only if the original policy is not being returned.

I hereby certify that the original policy has either been lost, destroyed, stolen or wrongfully converted and is not now in my possession or in the possession of any person or persons legally entitled thereto. I hereby relinquish all right, title and interest that I now have or may hereafter have in said policy by requesting cash surrender values of the policy, and if the original policy comes into my possession in the future, I agree to deliver it to the company for cancellation.

Original policy number

.

Name of person covered

.

Owner/Insured

X

Witness

Date

X .

American Income Life
National Income
life insurance companies

PO Box 2608
Waco, TX 76702
AILife.com

Customer Care

o: 800-433-3405
f: 254-741-5701
POS@AILife.com

We are very sorry to hear of your request to cancel or surrender your American Income Life insurance coverage. In order to finalize your request, please complete the form and return this form to our office by:

Email:AILServiceRequest@ailife.com
Mail: 1200 Wooded Acres Drive Waco, TX 76710
Fax: 254-741-5701

If this form is not received within 30 days, you may begin receiving billing notices via mail for any premium due, or premiums may be paid from any cash value that has been accrued (if applicable).

Policy Number	Insured Name	Insured Date of Birth

◯ - Please send me a check for the funds, if applicable to my address on file.

◯ - Please deposit the funds, if applicable, in the bank account listed below. I authorize American Income Life Insurance Company to deposit payments to my financial institution electronically. I understand that American Income Life Insurance Company will reverse any payments made to my account in error.

<<ATTACH A VOIDED CHECK or ACCOUNT VALIDATION>>

Name on Account:	
Checking or Savings:	
Bank Name:	
Routing Number:	
Account Number:	

Owner Name (Print): _____ **Date:** _____

Owner Signature: _____

Owner's Last 4 Digits of Social Security Number: _____

Please let us know if we can be of further assistance.

Sincerely,

American Income Life Insurance Company
Policy Service Department
800-433-3405
AILServiceRequest@ailife.com

If your address has changed, please update your address below:

Policy Service Request (LIFE POLICIES ONLY)

American National / One Moody Plaza, Galveston, TX 77550-7947

Overnight Address Mail Processing Center, Attn: LIS 3257, 1949 E. Sunshine St., Springfield, MO 65899-0001 / **Phone** 1-800-899-6806

Mailing Address Mail Processing Center, P.O. Box 3257, Springfield, MO 65808-3257

1 Company Selection

- ☐ American National Insurance Company
- ☐ American National Life Insurance Company of Texas
- ☐ Garden State Life Insurance Company
- ☐ American National Life Insurance Company of New York
- ☐ Standard Life and Accident Insurance Company

2 Current Information

Insured's First Name | M.I. | Last Name | Policy Number

Owner's First Name | M.I. | Last Name | Date of Birth

Owner's Street Address | City | State | ZIP

E-mail Address | Telephone | SSN/TIN*

*IRS regulations state that if your taxpayer identification number (social security or employer identification number) is not furnished, we will be required to withhold at the current applicable withholding rate. Under penalty of perjury, I certify that:

1) 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.

(b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest/dividends.

(c) The IRS has notified me that I am no longer subject to backup withholding.

3) I am a U.S. person (including a U.S. resident alien).

► **NOTE:**

You may be subject to penalties under the estimated tax payment rules if enough tax has not been paid through either your estimated tax payment or withholding.

3 Loan, Schedule Loan Repayment, or Partial Surrender

(Complete this section, and then complete Section 6.)

► **IMPORTANT NOTICE:**
Your request to borrow or partially surrender funds from your policy will affect your policy values, including, but not limited to, your guaranteed and non-guaranteed elements, face amount, and/or the surrender value of your policy. Review policy's loan or partial surrender provision before electing an option. Under certain circumstances, loans and withdrawals could create a taxable event.

☐ Process Loan

Loan Amount

☐ Specified Amount $ _____ ☐ Maximum Loan

☐ Premium Loan Number of premium(s) _____ to be paid on this policy for a total amount of $ _____.

☐ Schedule Loan Repayment

Specified Amount $ _____ ($15 minimum unless otherwise noted in your policy contract)

► **NOTE:**
- Repayment method will use the same as existing policy's billing method.
- Any unpaid loan balance may affect the policy's death benefit, the policy values, and possibly the length of time the policy remains in force.

☐ Process Partial Surrender

☐ Specified Amount $ _____ ☐ Maximum Partial Surrender

► **NOTE:** Only applies to Universal Life, Single Premium Life, or CSSD Annuity Rider.

4 Dividend Options

Complete this section if you are requesting to change Dividend Options or withdraw Dividend Values.

☐ Change Dividend Option

☐ Option 1: Pay in Cash ☐ Option 2: Reduce Premium ☐ Option 3: Accumulate at Interest

☐ Option 4: Paid-Up Additional Insurance ☐ Option 5: _____

☐ Withdraw Dividend Values (Complete this section, and then complete Section 6.)

☐ All Dividend Value ☐ Specified Dividend Amount of $ _____

► **NOTE:** If Paid-Up Additional Insurance is surrendered, the Company or its affiliates are released from liability on the amount surrendered.

5 Surrender/Cancellation (Complete this section, and then complete Section 6.)

☐ By checking this box, I declare that my policy has been lost, misplaced, or destroyed.

Surrender:

☐ I hereby request cancellation of this policy and payment of its surrender value. Such payment is acknowledged as full payment of all claims under the policy. Such cancellation shall be effective immediately, with the surrender value computed as of a date no later than the end of the policy month in which this request was received by the Company or its affiliates at its Home/Administrative Office. No premium paid for any period beyond the date this request is signed shall be used for any purpose other than computing the surrender value.

☐ I understand my policy does not have any cash surrender value. I hereby request cancellation of this policy. NOTE: Any premium drafts or billing will discontinue once cancellation or surrender request has been processed.

6 Application of Values

Apply distributions from policy as follows:

☐ Pay to Owner: Check will be mailed to current address

☐ Special Handling: _____

7 Non-forfeiture Option

I hereby request that my policy be placed in a non-premium paying status and the value of the policy be used to purchase: ☐ Reduced Paid-Up Insurance ☐ Extended Term Insurance

8 State Specific Fraud Language

For California Residents:
For your protection California law requires the following to appear on this form:
Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

9 Signatures

x _____ _____
Signature of Owner **Date:** Month / Day / Year

x _____ _____
Signature of Additional Owner (if Any) **Date:** Month / Day / Year

x _____ _____
Signature of Beneficiary (if Irrevocable) **Date:** Month / Day / Year

x _____ _____
Signature of Collateral Assignee (if Assigned) **Date:** Month / Day / Year

x _____ _____
Agent Witness Signature **Date:** Month / Day / Year

For Home/Administrative Office Endorsement Only

Agency Code 1- _____ CSSD District Office 2- _____ City _____ State _____

Processor's First Name _____ M.I. _____ Last Name _____ Date _____

This request has been recorded at the Home/Administrative Office of American National or its affiliates.

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.

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.

DISTRIBUTION METHOD

☐ Check ☐ Direct Deposit *(complete Bank Authorization section)*

BANK AUTHORIZATION *(must be deposited to Owner's bank account)*

Type of Account: ☐ Checking ☐ Savings

I (we) hereby authorize Assurity to initiate credit entries to my *(our)* account indicated below, and I *(we)* authorize the bank indicated below to accept and to credit the amount of such entries to my *(our)* account. Such authorization does not allow Assurity to debit entries to my *(our)* account.

Account Holder _____ Bank Name _____

Nine-digit Bank Routing No. _____ Your Account No. _____

Please confirm that your routing number and account number are correct.

MISCELLANEOUS

Please complete page 2 of this form in order for your request to be processed.

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.

Assurity

Assurity® Life Insurance Company
Post Office Box 82533, Lincoln, NE 68501-2533
402-476-6500 | 800-869-0355 | FAX 888-255-2060

2026 SUBSTITUTE FORM W-4R

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

OMB No. 1545-0074

Line 1a Owner's Name *First, Middle, Last*	**Line 1b** Owner's Social Security No.
Line 1c Owner's Address *Street Address, City, State, ZIP+4*	**Line 1d** Owner's Phone No. ( )

Line 1e Contract No(s).

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%. See page 2 for more information.

Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	**Line 2** Tax Rate %

/ /
Date Signed (MM/DD/YYYY)

Signature of Owner (This form is not valid unless you sign it)

2026 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married Filing Separately		Married Filing Jointly or Qualifying Surviving Spouse		Head of Household	
Total Income Over	**Tax rate for every dollar more**	Total Income Over	**Tax rate for every dollar more**	Total Income Over	**Tax rate for every dollar more**
$0	**0%**	$0	**0%**	$0	**0%**
$16,100	**10%**	$32,200	**10%**	$24,150	**10%**
$28,500	**12%**	$57,000	**12%**	$41,850	**12%**
$66,500	**22%**	$133,000	**22%**	$91,600	**22%**
$121,800	**24%**	$243,600	**24%**	$129,850	**24%**
$217,875	**32%**	$435,750	**32%**	$225,900	**32%**
$272,325	**35%**	$544,650	**35%**	$280,350	**35%**
$656,700*	**37%**	$800,900	**37%**	$664,750	**37%**

*If married filing separately, use $400,450 instead for this 37% rate.

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering "-0-" on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including "-0-") on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2026, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including "-0-"). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- qualifying "hardship" distributions;
- distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions;
- Qualified long-term care distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also Nonperiodic payments—10% withholding above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter "-0-" on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b: For an estate, enter the estate's employer identification number (EIN) in the area reserved for "Social security number."

Line 2 - **More withholding.** If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Line 2 - Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including "-0-") if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter "-0-".

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate. If these two rates are the same, enter that rate on line 2. (See Example 1 below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See Example 2 below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for Examples 1 and 2. Your filing status is single. You expect the taxable amount of your payment to be $20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be $70,000 without the payment. Step 1: Because your total income without the payment, $70,000, is greater than $66,500 but less than $121,800, the corresponding rate is 22%. Step 2: Because your total income with the payment, $90,000, is greater than $66,500 but less than $121,800, the corresponding rate is 22%. Because these two rates are the same, enter "22" on line 2.

Example 2. You expect your total income to be $60,000 without the payment. Step 1: Because your total income without the payment, $60,000, is greater than $28,500 but less than $66,500, the corresponding rate is 12%. Step 2: Because your total income with the payment, $80,000, is greater than $66,500 but less than $121,800, the corresponding rate is 22%. The two rates differ. $6,500 of the $20,000 payment is in the lower bracket ($66,500 less your total income of $60,000 without the payment), and $13,500 is in the higher bracket ($20,000 less the $6,500 that is in the lower bracket). Multiply $6,500 by 12% to get $780. Multiply $13,500 by 22% to get $2,970. The sum of these two amounts is $3,750. This is the estimated tax on your payment. This amount corresponds to 19% of the $20,000 payment ($3,750 divided by $20,000). Enter "19" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

The Baltimore Life Insurance Company
10075 Red Run Boulevard | Owings Mills, MD 21117-4871
(410) 581-6600 | (800) 628-5433 | baltlife.com

Instructions and Conditions

For an Application to Surrender/Termination of a Policy

SIGNATURES

To process this form, signatures are ***required*** from the following:

- Policyowner
- Co-Owner, *when applicable.* A co-owner *cannot* be a witness to this document.
- Spouse in *Community Property* states
- Witness: A witness signature is anyone 18 years or older who witnesses you sign the form on the same date.

If the Insured is less than age of majority, the Insured may be the Policyowner (refer to the policy). If in doubt, both the Insured and the Policyowner should sign the form.

DEFINITIONS

- CO-OWNER: A person or entity (business or group) who also owns the policy in addition to the policyowner.
- COMMUNITY PROPERTY STATE: States where law governs how property and assets between married people will be divided in the event of death or divorce. These states include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin.
- If you live in a Community Property state, you must complete the "Community Property States" section of this form; otherwise, this form will be returned to you without processing.
- WITNESS: Anyone 18 years of age or older who sees you sign your name on this document on the same date.

IMPORTANT INFORMATION

- All fields indicating *"Required"* must be completed, otherwise the form will be returned to you without being processed.
- If you live in a Community Property state, you **must sign in this section** otherwise the form will be returned to you without being processed.
- Receiving Your Disbursement of Funds: Here are the timeframes you can expect to receive your money after the transaction has been processed:
    - Check: Please allow approximately 7-10 days for USPS mail.
    - Electronic Direct Deposit: Please allow 2-3 business days for the bank to post the funds.

By correctly signing and dating this form, you authorize
The Baltimore Life Insurance Company to surrender (cancel) your policy
for its value, if any, as of the date this document is received
by The Baltimore Life Insurance Company in Owings Mills, Maryland.

The Baltimore Life Insurance Company
10075 Red Run Boulevard | Owings Mills, MD 21117-4871
(410) 581-6600 | (800) 628-5433 | baltlife.com

Application for Surrender/Termination

To avoid a delay in processing, all fields indicated as *"Required"* must be completed. If a required field is left blank, this form will be returned to you without processing, and the transaction voided.

Policy Number *(Required)*	Name of Insured/Annuitant
Owner's Name *(Required)*	Owner's Email Address
Owner's Birthdate *(Required)*	Owners' Telephone
Owner's Social Security Number *(Required)* (BY SIGNING THIS FORM, I CERTIFY THAT THIS TAXPAYER IDENTIFICATION NUMBER (TIN) IS TRUE, CORRECT AND COMPLETE)	

IMPORTANT NOTICE

You have requested the release of funds from your policy through a Surrender/Termination of the policy as shown on this application. Please understand that your policy benefits and coverage will end on the date this form is received, and there will be no coverage under the above-mentioned policy number.

If you have questions regarding this transaction, please contact Policyholder Relations at (800) 628-5433.

WARNING: Any person who, knowingly and with intent to defraud or deceive any insurance company, submits materially false, incomplete, or misleading information is guilty of committing a fraudulent act which is a crime and subject to criminal prosecution.

I have carefully read this request and agree it is properly and fully completed.

✖ _____ _____
Signature of Policyowner *(Required)* Date (MO/DD/YYYY) *(Required)*

_____
PRINTED NAME

Policyowner Address *(Required)* _____
STREET, CITY, STATE, ZIP CODE

✖ _____ _____
Signature of Witness *(Required)* Date (MO/DD/YYYY) *(Required)*

_____ _____
Witness *(Please print name)* Phone Number of Witness

COMMUNITY PROPERTY STATES

Signature and social security number of Primary Policyowner's spouse are required for all community property states, including Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.

If you are widowed, divorced or single please indicate here: ☐ **Single** ☐ **Divorced** ☐ **Widowed**

✖ _____ _____
Signature of Spouse *(If applicable, in Community Property States)* Date

_____ _____
SPOUSE PRINTED NAME Soc. Sec. No. *(Required)* Phone Number

WITHHOLDING ELECTION

I understand that if I elect not to have Federal or State income tax withheld, I am responsible for payments of Federal and State income tax on the taxable portion of my withdrawal or distribution. I also understand that I may be subject to tax penalties under the Estimated Tax payment rules if my payments of Estimated Tax and withholding (if any) are not adequate.

If this is an Annuity or Modified Endowment, there may be additional tax consequences.

If neither box is checked below, taxes will NOT be withheld:

☐ **I DO** want to have Federal income tax withheld from my withdrawal or distribution. **24%** unless otherwise noted here:
The Company should withhold $_____FIT $_____SIT
State income taxes should be withheld if required by my state of residence.

☒ **I DO NOT** want to have Federal or State income taxes withheld from my withdrawal or distribution.

Under penalties of perjury, I certify that: 1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 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; and 3) I am a U.S. citizen or other U.S. person (defined in the Instructions to the Form W-9); and 4) I am exempt from the Foreign Account Tax Compliance Act (FATCA) reporting.

☐ **Check this box if the IRS has notified you that you are subject to backup withholding.**

The Internal Revenue Service does not require your consent to any provisions to this document other than the certification to avoid backup withholding. (If we are required to report this transaction to the IRS, we will notify you and the IRS next January.)

PAYMENT

Please select one option below on how you would like to receive your payment. If left blank, you will receive a paper check via USPS mail.

☒ Check or
☐ Electronic Direct Deposit*

I authorize The Baltimore Life Insurance Company ("Company") to electronically deposit requested proceeds from the policy as listed above into the bank account described below. If the Company makes an error and deposits funds to my account that should not have been deposited to my account, I authorize the Company to retrieve the monies erroneously deposited to my account. Upon submission of a copy of this form to a bank or financial institution, the bank or financial institution shall immediately return to the Company the amount erroneously deposited to my account. I release the bank or financial institution from any liability or claim I might have that relates to this Authorization. Any claim or action I have under this Authorization shall be against the Company. I agree that this Authorization will remain in effect until canceled by the Company or until the Company has received my written notice of cancellation.

***ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION**
If you selected Electronic Direct Deposit, please complete the following information:

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

Bank Name *(Required)*	Account Type *(Required)* ☐ Checking ☐ Savings
Bank Routing Number *(Required)* Must Be Nine 9 Digits	Account No.

**In processing your request to electronically transfer funds, Baltimore Life uses customer information to verify ownership of the receiving bank account to reduce the possibility of fraud. A void check or bank letter is recommended to verify ownership of the account provided. If there is an inconsistency in the information you have provided to us, and the authorized bank accountholder's information, a paper check will be mailed to the address of record.*

Allegiant Wealth
GROUP

POLICY OWNER'S SERVICE REQUEST
CICA Life Insurance of America

Policyholder Services • P.O. Box 149151 • Austin TX 78714-9151 • Telephone: (877) 282-7127 • **E-mail:** PHS.USA@citizensinc.com

		For Home Service Business:	**District**	**Debit**	**Payor Group**
Policy Number (10-digits)	**Insured**	**Owner (If other than Insured)**		**Date**

❒ 1. LOAN

Make cash loan for $_____ , or if maximum amount available is less, for the maximum amount.

Make Premium loan ❒ Pay _____ month(s) premium due for ❒ this policy ❒ policy no. _____

When loan proceeds are used to pay premiums on this or another policy or when the loan proceeds are used for reinstatement of a policy, I understand interest will be charged as provided within this policy for a policy loan.

***ADDRESS TO MAIL CHECK TO:_____**

❒ 2. APL

I hereby request the automatic premium loan provision as an option in my policy.

❒ 3. DIVIDENDS ENDOWMENTS COUPONS

Apply: ❒ dividends on deposit ❒ endowments on deposit ❒ coupon ❒ paid up additions

To: a. ❒ reduce loan on ❒ this policy ❒ policy no. _____

b. ❒ pay _____ month(s) premium due for ❒ this policy ❒ policy no. _____

c. ❒ be withdrawn ❒ full amount or ❒ $_____

Change ❒ dividend ❒ endowment option to: ❒ cash ❒ deposit at interest ❒ apply to premium ❒ purchase paid up additions

Change coupon option to: ❒ deposit at interest ❒ purchase paid up additions

❒ 4. POLICY SURRENDER (ATTACH POLICY)

Surrender the policy for the net cash value in accordance with the provisions and conditions of the policy. No bankruptcy proceedings are outstanding against me, and no liens are pending against the policy, except as follows:

Reason for Surrender: _____

***ADDRESS TO MAIL CHECK TO:_____**

❒ LOST POLICY STATEMENT: I hereby certify the policy has been lost or destroyed and I have no knowledge of its whereabouts, and said policy is not assigned, hypothecated, or pledged. I hear by agree any certificate or duplicate issued shall create no liability on the part of the company other than as set out in the original policy If at anytime the original policy is found, I will return the certificate or duplicate policy to the Company.

❒ 5. ADDRESS

Change address of: ❒ owner ❒ insured ❒ beneficiary E-mail Address: _____

Phone Number: _____

New Address _____

(Please Print) Street Address, Apt. No., Suite No., Box Number, City, State & Zip Code

❒ 6. NON-FORFEITURE

I hereby request the cash value of the policy, less any existing indebtedness to the company, be applied to:

❒ Extended Term Insurance ❒ Paid Up Insurance

Supplemental benefits are to be cancelled in accordance with the policy. Pure endowment, if any available, matures if the insured is living on the maturity date.

HOME OFFICE USE ONLY

Effective Date	Amount of Insurance	Expiry Date	Pure Endowment	Maturity Date

----------SIGN BELOW FOR THE ABOVE REQUEST(S) ----------

_____ _____

Signature of Witness **Signature of Insured or Owner, if other than Insured**

_____ _____

Printed Witness Name **Date**

THE UNDERSIGNED ASSIGNEE AGREES TO THE ABOVE REQUEST(S) AND CHANGE(S).

_____ _____

Signature of Assignee (If Any) **Date**

HOME OFFICE USE ONLY
ACKNOWLEDGEMENT OF REQUEST FOR CHANGE – PLEASE ATTACH TO POLICY

Dated on _____, 20____ by_____ _____

Print Company Representative Name & Title Signature

COLONIAL PENN SM

Colonial Penn Life Insurance Company - 399 Market Street - Philadelphia, PA 19181

POLICYHOLDER CASH SURRENDER FORM

Policy/Certificate No. _____ Insured _____

YOUR CURRENT ADDRESS:

_____

_____

_____

( ) **CASH SURRENDER**

In accordance with the cash surrender provisions contained in Policy/Certificate # _____ issued by Colonial Penn Life Insurance Company (the Company), I (we) hereby surrender the Policy/Certificate for cancellation in exchange for its cash surrender value.

I (we) expressly represent and warrant that no proceedings in bankruptcy or insolvency have been instituted or are pending against me (us).

SIGNATURES REQUIRED

Signatures must be witnessed for cash surrender requests. If the beneficiary was named irrevocably (that is, the beneficiary designation cannot be changed without the beneficiary's consent), the irrevocable beneficiary and a witness must also sign below.

Certified by:

Witness	**Owner**	Date
Witness	Spouse (if from Community Property State)	Date
Witness	Irrevocable Beneficiary (if any)	Date

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY ● HOME OFFICE: BINGHAMTON, NY
COLUMBIAN LIFE INSURANCE COMPANY ● HOME OFFICE, CHICAGO, IL
Administrative Service Offices:
PO Box 1381 ● Binghamton, NY 13902-1381● (800) 423-9765 ● FAX (866) 253-9459
PO Box 1056 ● Syracuse, NY 13201-1056 ● (800) 347-0960 ● FAX (315) 475-6612

APPLICATION FOR POLICY CHANGES PART 1

COMPLETE THIS SECTION FOR ALL REQUESTS

Insured/Annuitant: _____ Policy #: _____

Address: _____ City: _____ State: _____ Zip: _____

Owner's Address (if different than insured): _____

Daytime Phone #: ( ) _____ Family Group #: _____

ALPHABETIC INDEX

REQUEST	PAGE #'S	SECTION(S)	REQUEST	PAGE #'S	SECTION(S)
ADDRESS CHANGE	1 & 4	1 & 17	NON-FORFEITURE OPTION CHANGE	2 & 4	9 & 17
AUTOMATIC PREMIUM LOAN	2 & 4	10 & 17	NON-FORFEITURE PROVISION	2 & 4	8 & 17
BENEFICIARY CHANGE	3 & 4	14 & 17	OWNERSHIP CHANGE	4	15, 16 & 17
CASH SURRENDER	1 & 4	2, 16, & 17	PARTIAL SURRENDER/WITHDRAWAL	1 & 4	3, 16 & 17
DIVIDEND OPTION CHANGE	2 & 4	5, 16 & 17	POLICY LOAN	2 & 4	4 & 17
DIVIDEND WITHDRAWAL	2 & 4	6 & 17	PREMIUM CHANGE	2 & 4	7 & 17
DUPLICATE CERTIFICATE	2 & 4	11 & 17	RELEASE ASSIGNMENT	3 & 4	13 & 17
MODE CHANGE	2 & 4	7 & 17	SIGNATURES	4	17
NAME CHANGE	3 & 4	12 & 17	TAXPAYER IDENTIFICATION NUMBER	4	16

1. ☐ ADDRESS CHANGE: ☐ **Insured/Annuitant** ☐ **Policyowner** ☐ **Payer** ☐ **Assignee** ☐ **Beneficiary**

Address: _____

City: _____ State: _____ Zip: _____

☐ Change address on these policies as well: _____
(List All Policy Numbers)

2. ☐ CASH SURRENDER (FULL TERMINATION OF CONTRACT): Section 16 Must Also Be Completed

The cash surrender value is hereby requested and will be accepted in full payment of and release of all claims under the policy. The surrender will be effective in accordance with the policy provisions.

3. ☐ PARTIAL SURRENDER/WITHDRAWAL (UNIVERSAL LIFE AND ANNUITES ONLY): Section 16 Must Also Be Completed

FROM: ☐ Universal Life (May be subject to surrender charges and will reduce the death benefit of the policy)

☐ Annuity (May be subject to surrender charges)

AMOUNT: ☐ $ _____ ☐ Maximum amount not subject to surrender charge

4. ☐ POLICY LOAN: ☐ $ _____ ☐ Maximum amount available

(Write in amount - Maximum will be processed if it is less than what is being requested)

DISTRIBUTION: ☐ Check ☐ Pay the loan or premium(s) due on policy # _____

Total number of premiums to pay = _____

LOAN AGREEMENT: In consideration of the advance by the Company as a loan, all right and interest in the policy is assigned to the Company as sole security for the repayment of the loan with interest, subject to the provisions of the policy.

5. ☐ DIVIDEND OPTION CHANGE: Section 16 Must Also Be Completed If Change Is To "Accumulate At Interest"

☐ Paid in Cash ☐ Reduce Premium ☐ Accumulate at Interest

☐ Paid-Up Additions ☐ Purchase Additional Permanent Insurance – Internal (For use with PUL products only)

6. ☐ DIVIDEND WITHDRAWAL:

FROM: ☐ Accumulations ☐ Paid-Up Additions cash value

AMOUNT: ☐ Full amount ☐ $ _____ or full amount available (if less)

DISTRIBUTION: ☐ Check ☐ Pay the loan or premium(s) on policy # _____

Total number of premiums to pay = _____

7. ☐ MODE CHANGE:

Effective with the next premium due or the next anniversary, I request to change my mode of payment to:

☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly (if available) ☐ Check-O-Matic/EFT (attach form 1552CFG)

☐ **PREMIUM CHANGE (Universal Life and Annuity contracts only):**

Effective with the next premium due, I request to change the billed amount to: $ _____

8. ☐ ENDORSE POLICY IN ACCORDANCE WITH NON-FORFEITURE PROVISIONS:

Effective with the current premium due, if available, I request that the status of my policy be changed to:

☐ Reduced Paid-Up Insurance ☐ Extended Term Insurance

9. ☐ NON-FORFEITURE OPTION CHANGE:

I request the following non-forfeiture option, if available, to apply in accordance with the policy provisions.

☐ Reduced Paid-Up Insurance ☐ Extended Term Insurance

10. ☐ AUTOMATIC PAYMENT OF PREMIUM BY LOAN OPTION:

☐ Add option to policy, if available ☐ Remove option from policy

11. ☐ DUPLICATE CERTIFICATE:

I have lost my policy and request that a duplicate certificate be issued to me.

12. ☐ NAME CHANGE: ☐ Insured/Annuitant ☐ Policyowner ☐ Payer ☐ Assignee ☐ Beneficiary

Print new name (in full): _____

Reason for change: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Other _____

Submit proof such as: driver's license, marriage license, court order, etc. (List Reason)

13. ☐ RELEASE OF ASSIGNMENT:

For value received, _____
(the assignee)

releases all right, title, and interest in the policy from the assignment dated _____

14. ☐ BENEFICIARY CHANGE: ☐ Basic Policy ☐ _____ Rider Benefit

IMPORTANT: Separate forms are required for different designations to both benefits

Instructions: If a separate page is used for your beneficiary designation, it must contain the policy number, the insured's name, the complete designation information (including names, addresses, relationships, and percentages where applicable), and be signed by the policyowner, the owner's spouse (if community property state), the irrevocable beneficiary (if one currently exists on the policy) and be witnessed by someone other than the insured, policyowner, or beneficiary.

Any previous beneficiary designation and or optional mode of settlement with respect to any death benefit proceeds payable at the death of the Insured is revoked. Any such proceeds shall now be paid in one sum as follows:
Note: If no percentage is given, proceeds will be paid in equal shares to primary beneficiaries who survive the insured and if no primary beneficiaries survive the insured, proceeds will be paid in equal shares to contingent beneficiaries who survive.

PRIMARY BENEFICIARIES:

	RELATIONSHIP TO INSURED:	**PERCENTAGE:** (Primary designation must total 100%)
Full Name: _____	_____	_____
Address: _____		
_____		
Full Name: _____	_____	_____
Address: _____		
_____		

CONTINGENT BENEFICIARIES:

	RELATIONSHIP TO INSURED:	**PERCENTAGE:** (Contingent designation must total 100%)
Full Name: _____	_____	_____
Address: _____		
_____		
Full Name: _____	_____	_____
Address: _____		
_____		

15. ☐ OWNER CHANGE: ☐FOR GIFT ☐FOR VALUE Section 16 Must Also Be Completed & Signed By New Owner

Transfer Ownership To: ☐ Individual ☐ Qualified Plan ☐ Corporation ☐ Trust (Include Trustee Names & Date of Trust)

Full Name Of New Owner: _____

Complete Address: _____

Contingent Owner:

Full Name: _____

Complete Address: _____

Payer Change:

Send Premium Notices To: ☐ Insured/Annuitant ☐ Policyowner ☐ Other (Give Full Name & Address Below):

Full Name: _____

Complete Address: _____

16. ☐ TAXPAYER IDENTIFICATION NUMBER CERTIFICATION: Sign Request In This Section And Section 17

FAILURE TO COMPLETE THIS SECTION MAY RESULT IN MANDATORY 24% BACKUP WITHHOLDING WHERE REQUIRED BY THE IRS.

Withholding Election: ☐ I do **not** want to have Federal or State income tax withheld.

☐ I want to have Federal or State income tax withheld.

Federal Withholding: ☐ _____ % or ☐ $ _____

State Withholding: ☐ _____ % or ☐ $ _____

Taxpayer Identification Number: _____

For individuals, this is your social security number (SSN).
For other entities, this is your employer identification number (EIN).

Certification Instructions: You must cross out item (2) below if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

Certification: Under penalties of perjury, I certify that: **(1)** The number shown 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; **and (3)** I am a U.S. person (including a U.S. resident alien).

Policyowner's Signature: _____ Dated: _____

17. ☐ SIGNATURES:

Instructions For All Requests:

1. Policyowner must sign and date this form.
2. Policyowner's spouse must sign this form if Application State was AZ, CA, ID, LA, NV, NM, TX, WA, or WI.
3. Insured must sign this form if the change to section 14 is for a rider.
4. All irrevocable beneficiaries and collateral assignees must sign this form.
5. Signatures **must** be witnessed. Witness **cannot** be the policyowner, policyowner's spouse, insured, assignee or beneficiary.
6. Transactions resulting in a payment will have the check addressed to the owner and the owner's address.

Signed At (City & State): _____ Date: _____

_____ Signature of Present Owner

_____ Signature of Assignee

_____ Signature of Insured (if other than Present Owner)

_____ Signature of Irrevocable Beneficiary

_____ Signature of Spouse **(See Instruction #2)**

_____ Signature of Witness **(See Instruction #5)**

FAMILY BENEFIT LIFE INSURANCE CO.

ADMINISTRATIVE OFFICE:
PO Box 5205 | Frankfort KY 40602-5205
Phone: 866.440.1357 **Fax:** 502.875.7084

Dear Policy Owner:

You recently contacted our office or visited our website for information about cash surrendering your policy. Before completing the surrender process, please review the following frequently asked questions. Please refer to your policy or call our Policy Services team at 800-422-2011 for specific information regarding your policy.

What does cash surrender value mean? This is the sum of money that will be paid to the owner if they choose to terminate their policy. The cash value or surrender value is the amount of savings accumulated by the policy. The cash value is not the same as and is less than the benefit that would be paid upon death. Please refer to the cash value table in your policy for a more detailed illustration or contact our Policy Services team.

Is there a charge to cash surrender a policy? There is a charge for surrendering some types of policies. This surrender charge will be deducted from the cash value paid to the owner.

Will unpaid loan balances be deducted from the cash surrender value? Yes, any outstanding loans and interest due will be deducted from the cash value paid to the owner.

Do I have to pay taxes on cash surrenders? You must pay ordinary income tax on any cash value gains you receive. You should contact your tax consultant on any tax matters. If you surrender the policy and there is a taxable amount, you will receive 1099 from Investors Heritage by the end of January the following year.

If I cash surrender a policy, can I get another life insurance policy in the future? You may or may not be able to qualify for certain types of insurance in the future because qualification is based on factors such as age and health. Also, insurance premiums are based on age and therefore a new policy payment may be higher than your current payment.

What happens to this policy if I cash surrender or make a withdrawal? The withdrawal of funds from your annuity account or life insurance policy may affect the guaranteed elements, non-guaranteed elements, face amount and/or surrender value of the account from which the funds are withdrawn. If you cash surrender (withdraw all funds) the annuity/policy is cancelled and cannot be reactivated after surrender.

Are there options to keep my policy in force without cash surrendering? Policies have different options and there may be options that allow you to stop paying premiums by using the cash value to change your coverage. Please read your policy or contact our Policy Services team to discuss available options.

We value you as a client and encourage you to contact our Policy Services team at 800.422.2011 with any questions you have.

This must be given to the Policy Owner.

FAMILY BENEFIT LIFE INSURANCE CO.

ADMINISTRATIVE OFFICE:
PO Box 5205 | Frankfort KY 40602-5205
Phone: 866.440.1357 **Fax:** 502.875.7084

REQUEST FOR CASH SURRENDER VALUE

RESET FORM

POLICY NUMBER INSURED

In exchange for the cash value of the policy shown above issued on the life of the insured named above, I hereby surrender the policy for cancellation. This surrender will be effective on the date this signed form is received at the home office.

As per the policy terms, any debt owed to Investors Heritage Life Insurance Company or its successors will be deducted from the cash value. The remaining cash value will be accepted as full settlement of all rights, claims, and demands under the policy. I understand that my existing policy will not be surrendered until a new policy is issued, if applicable.

Declarations:

- All individuals signing below are of legal age.
- No bankruptcy or insolvency proceedings have been initiated or are pending against any signer.
- No other person, firm, corporation, or entity has any interest in the policy except me.

The Policy is: ☐ **Enclosed** ☐ **Lost** I hereby certify that the policy has been lost or destroyed and I have no knowledge as to its whereabouts.

POLICYOWNER INFORMATION & SIGNATURES

Printed Name | Social Security # (**required**) | Date of Birth **(required)**

Mailing Address | City | State | Zip Code

☐ Home ☐ Cell ☐ Work

Daytime phone

Owner's Signature | Date

Spouse's Signature
(Required in Community Property States: currently AZ, CA, ID, LA, NM, NV, TX, WA and WI) | Date

Joint Owner's Signature | Date

Joint Owner Spouse's Signature
(Required in Community Property States: currently AZ, CA, ID, LA, NM, NV, TX, WA and WI) | Date

Foresters Financial

P.O. Box 179
Buffalo, NY 14201–0179

T 800 828 1540
F 877 329 4631

foresters.com

Clear Print

Certificate Surrender Request Form

Certificate number:

Purpose of this form

Use this form to surrender your Certificate.

Terms used in this form

Foresters Financial™, *Insurer* or *We* mean The Independent Order of Foresters.
You or *your* mean the Owner who is completing and signing this form, unless otherwise specified.
Certificate means a Certificate issued by an Insurer.
Owner includes Certificate Owner and Absolute Assignee.
Social Security Number will be known as SSN and *Tax Identification Number* will be known as TIN.

1. Owner Information

Information about the Certificate Owner.

If the Insured was a minor at issue and is now the current Owner, we will require a copy of government ID (Driver's License, Passport or notarized signature) to accompany this request, unless it has been previously provided. This will ensure that there are no delays in processing.

Owner Name (first, middle initial & last)

SSN/TIN

Address

Date of Birth (mm/dd/yyyy)

Primary Phone Number

Please choose one of these options.

- ○ Original Certificate contract is enclosed.
- ○ Original Certificate contract has been misplaced or destroyed.

2. Digital Disbursement Payment Information (Optional)

FOR ELECTRONIC PAYMENTS ONLY. Do not complete this section if you wish to be paid by check.

MyPayChoice is a digital disbursement platform that allows you to accept payments electronically.

If you provide an email address below, and if there are any monies owing to you as a result of this transaction, you will receive 2 emails as follows:

(1) An email from Foresters confirming your transaction has been processed and

(2) An email from notification@thepaychoice.com to select the payment method for receiving your funds electronically.

Email

Note that you may be contacted by Foresters, before receiving the emails, to confirm your request.

Foresters may correct and/or debit your account in the amount of any overpayment, duplicate payment, or otherwise erroneous payment.

If you do not provide your email address, Foresters will send you a check if applicable.

3. Replacement Declaration

Failure to complete this section may delay the processing of your request.

a) Have you purchased a new Foresters Financial product in the last 13 months?
○ Yes ○ No

b) Will the funds from this request be used to pay premiums on a new or an existing Foresters Financial Certificate?
○ Yes ○ No

c) Will the funds from this request be used to pay premiums on a new or existing insurance or annuity product with another company?
○ Yes ○ No

106024 US (03/24)

Continued on next page.

Certificate Surrender Request Form (continued)

Certificate number:

4. Withholding Tax

There may be federal and state income tax consequences associated with surrendering your certificate. Foresters Financial representatives do not provide tax advice. Please consult your tax advisor to understand the potential implications of surrendering your coverage.

If eligible, please check the appropriate option:

- ○ Withhold federal and state income tax
- ○ Do not withhold federal and state income tax

If no choice is made, Foresters Financial will withhold the applicable federal and state withholding taxes from the taxable portion of the payment, if any.

Under penalties of perjury, by signing below, I certify that:

- X a. The Social Security Number on this form is my correct taxpayer identification number;
- X b. I am not subject to backup withholding due to failure to report interest and dividend income;
- X c. I am a US person (including a US resident alien); and
- X d. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

You must cross out item (b) above if you have been notified by the IRS that you are currently subject to backup withholding. You must cross out item (c) if you are not a US person (including a US resident alien).

Owner's Signature

Continue to section 6 for additional signatures; failure to sign in section 6 will result in our inability to process your request.

5. Agreements and Authorizations

Please review this section before signing.

I, the Owner, certify that the information provided is true, correct and complete. I understand that any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information commits an act of fraud, and is subject to criminal and civil penalties. Additionally I understand that:

- This request is not valid unless all pages have been completed and submitted.
- Any corrections to this form must be initialed by all signing parties.
- In consideration of and exchange for the value, if any, payable under its terms upon surrender, the above-numbered Certificate is hereby surrendered for cancellation. Any value payable upon surrender of the Certificate is accepted in full settlement and complete satisfaction of any rights, claims and demands under that Certificate. It is expressly represented and warranted that no other person, firm or corporation has any interest in that Certificate except the undersigned and that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned.
- The current beneficiary must sign to release his or her rights if he or she is an Irrevocable Beneficiary.
  - The current assignee must sign to acknowledge this transaction.
- By providing my email address, I agree that I will receive funds electronically from notification@thepaychoice.com.

I hereby specifically authorize Foresters to correct and/or debit my account in the amount of any overpayment, duplicate payment, or otherwise erroneous payment.

6. Signature Section

Printed name and signature are both required.

If the Owner, Irrevocable Beneficiary or Collateral Assignee is a company, please submit a letter of direction on company letterhead along with this request authorizing this transaction.

Owner - Print name	Signature of Owner	Date (mm/dd/yyyy)

I, the Irrevocable Beneficiary, consent to this request.

Beneficiary - Print name (If applicable)	Signature of Beneficiary	Date (mm/dd/yyyy)

I, the Collateral Assignee, consent to this request.

Assignee - Print name (If applicable)	Signature of Assignee	Date (mm/dd/yyyy)

Foresters Financial and Foresters are trade names and trademarks of The Independent Order of Foresters (a fraternal benefit society, 789 Don Mills Road, Toronto, Canada M3C 1T9) and its subsidiaries.

Gerber Life Insurance
445 State Street • Fremont, Michigan 49412

SURRENDER REQUEST FORM

Complete the entire form, sign, and return to Gerber Life Insurance

Name of Insured: | Policy Number:

Address of Policy Owner:

Please note: The form must either be notarized or proper documentation verifying your signature must be received with the form to process your request. Examples include: driver's license, state ID card, court document, passport or social security card.

REQUEST FOR SURRENDER:

Please fully surrender my life insurance. (NOTE: Surrendered policies are not eligible for reinstatement.)
I/We the undersigned, request payment of the net surrender value in exchange for the surrender of the above policy number. No bankruptcy proceedings filed by or against me are now pending, and there are no liens outstanding against the policy, except as follows:

_____

FEDERAL INCOME TAX WITHHOLDING ELECTION DISCLOSURE:

The distributions you receive may be subject to Federal income tax withholding and Gerber Life may be required to withhold (10%) of the taxable income, unless you elect not to have such withholding apply. You may elect out of this withholding tax by electing Option 2 in the Tax Withholding Election section.

If you elect not to have withholding applied or if you do not have enough federal income tax withheld from your withdrawal, you may be responsible for payment of estimated taxes. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. **(We encourage you to speak to a qualified tax adviser to determine if you will be required to pay estimated taxes.)**

TAX WITHHOLDING ELECTION: (IF NO ELECTION MADE, AUTOMATICALLY DEFAULTS TO OPTION 1)

Option 1: ____I **DO** elect Gerber Life to withhold 10% of the taxable income for federal taxes, if applicable.

OR

Option 2: ____ I elect **NOT** to have taxes withheld. I do not want to have Federal income tax withheld from my distribution. I also understand that this election will remain in effect until revoked, and that I may revoke this election at any time by providing written notice to Gerber Life at its administrative offices.

I certify, under penalty of perjury, that:

The number shown on this form is my correct taxpayer identification number and/or social security number, and I am not subject to backup withholding tax.

My signature below will confirm my election to surrender and acknowledge my consent and understanding of the above statements.

Date:	Policy Owner's Signature:	*Policy Owner's Social Security #: ___–___–____
Date:	Co-Owner's Signature:	*Co-Owner's Social Security #: ___–___–____
Date:	Spouse's Signature: (Required if issue or resident state is AK, AZ, CA, ID,LA, NV, NM, PR, TX, WA, WI)	

***SOCIAL SECURITY # MUST BE PROVIDED IN ORDER TO PROCESS YOUR REQUEST.**

If you have any questions, please call us at 1-800-253-3074.

Sworn to before me this _____ day of _____.

_____
Notary Public

Code

Gerber Life Insurance is a trademark. Used under license from Société des Produits Nestlé S.A. and Gerber Products Company.

UNITED HERITAGE LIFE INSURANCE COMPANY
P.O. BOX 7777 - MERIDIAN, IDAHO 83680-7777
Phone Number: 800-657-6351

UNITED HERITAGE Insurance

CHANGE OF POLICY INFORMATION
FINAL EXPENSE INDIVIDUAL LIFE INSURANCE

(Please Print)

Primary Insured Name: _____ **Policy Number:** _____

Owner Name: (if different than insured): _____ **Owner SSN:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____ **Telephone No.** _____

To make changes to your policy, we must receive this request form, completed and signed by you. **No change in your policy will be valid unless it is in writing. If your policy has an irrevocable beneficiary or an irrevocable assignee, this form requires his/her signature prior to making any change.** United Heritage must accept your written request prior to any changes taking effect. The change(s) will be effective as of the date the owner signs this change form. These changes are subject to any payment made or action taken by United Heritage Life Insurance Company prior to the receipt and acceptance of your request. It is important that you **read and understand** the options that you choose. If you have any questions or need assistance in completing this form, please contact our Client Services Department at 1-800-657-6351.

Return the completed form with all required signatures, any money due, and any other paperwork to United Heritage Life Insurance Company. A copy of the accepted form will be returned to you. This form becomes a part of your policy. Please make sure that you attach your copy to your policy.

PLEASE NOTE THAT NOT ALL OPTIONS ARE AVAILABLE FOR ALL PLANS

SELECT YOUR OPTION BY CHECKING THE BOX PROVIDED AND COMPLETE ANY INFORMATION REQUESTED:

A. ❑ Beneficiary Change(s):

All previous beneficiary designations are hereby revoked. The following beneficiary designation is made with respect to the named insured in this form:

1. **New Primary Beneficiary:**
   Name: _____
   Social Security Number: _____ Birth Date: _____
   Address: _____ City: _____ State: ____ Zip: _____
   Relationship to Insured: _____ Telephone No. _____

2. **New Contingent Beneficiary:** (to receive proceeds if no primary beneficiary is living)
   Name: _____
   Social Security Number: _____ Birth Date: _____
   Address: _____ City: _____ State: ____ Zip: _____
   Relationship to Insured: _____ Telephone No. _____

If you choose more than one beneficiary in either category, please attach an additional page. Give us the same information as required above for each additional beneficiary and the distribution percentage(s). Unless otherwise designated by the owner, when two or more persons are named as beneficiaries, each one shall share equally in the proceeds. Upon the death of one or more of the beneficiaries, payments will be made to the remaining beneficiary(ies).

B. ❑ Ownership Change: The person who is to be the owner of this life insurance policy must have an "insurable interest" in your continued life, such as a family member or a business partner. Ownership of a life insurance policy without an insurable interest in the insured's life may be illegal in some states. A STOLI form may be required.

Ownership Transfer: I transfer all my rights, title, and interest as owner of the policy to:

Name: _____ SSN#/TIN#: _____ His/Her relationship to me: _____

Address: _____ City: _____ State: ____ Zip: _____ Telephone No. _____

This owner has the right to exercise any and all options, rights, and privileges in the policy. This is subject to any existing loan or assignment of the policy that is in force and on file with United Heritage Life Insurance Company.

C. ❑ Name Change: I hereby request the name of _____ which appears on the policy records be changed to _____ due to:

i. ❑ Marriage: Date: _____ Place: _____ Name of Spouse/Partner: _____
ii. ❑ Divorce: Date: _____ Place: _____ Court: _____
iii. ❑ Other: _____

D. ❑ **Elect Non-Forfeiture Option:**

1. ❑ Place my policy on Reduced Paid-Up Insurance. The guaranteed cash value, less any indebtedness, will be used as a single premium to determine the face amount.
2. ❑ Place my policy on Extended Term Insurance. The amount will be the face amount of this policy, less any indebtedness. The term shall be for a period that the net cash value will purchase when applied as a single premium. This option is only available for Protector Whole Life.

E. ❑ **Reduce Policy Face Amount:** From $ _____ to $ _____

F. ❑ **Remove Additional Benefits:**

❑ Accelerated Benefits Rider ❑ Accidental Death Rider ❑ Child(ren) Rider

G. ❑ **Request for Automatic Premium Loan:** If any premium is not paid when due or in the grace period, payment shall be made in accordance with the Automatic Premium Loan provision of the policy.

H. ❑ **Request for Policy Loan:** ❑ Loan Amount: $ _____ ❑ Maximum Policy Loan

I. ❑ **Lost Policy:** I attest that said policy has been lost or destroyed. The policy is not assigned. It is not used as collateral or security. It is not pledged in any way. I request the issuance of evidence of insurance. If the original policy is found, I will return it to United Heritage Life Insurance Company. I understand the original policy will be null and void when the new evidence of insurance is issued. The Company shall not be liable for loss or injury which may occur as a direct or indirect result of the issuance of the new evidence of insurance.

J. ❑ **Surrender for Net Cash Value:** For this option, you must return the policy. If you have lost or misplaced your policy, please check box I, Lost Policy, and contact our Client Services Department. I am the owner of the policy. I wish to surrender this policy for full cash surrender value in accordance with the terms of the policy. I am aware that any and all indebtedness against the policy will be deducted from the cash surrender amount. Owner's Social Security Number: _____

K. ❑ **Special Requests or Additional Information**

_____

_____

United Heritage Life Insurance Company assumes no responsibility for the compliance of the requested change with any community property laws relating to the change.

I understand that any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

All statements in this policy change form shall be deemed representations and not warranties. I have read the information above and declare that it is true and correct to the best of my knowledge and belief and is correctly recorded.

Signed this _____ **day of** _____, **20**_____ **at** _____
City & State

_____
Policy Owner - Printed Name

_____ _____
Policy Owner - Signature **Witness**

_____
Irrevocable Beneficiary/Assignee - Printed Name

_____ _____
Irrevocable Beneficiary/Assignee - Signature **Witness**

Accepted by the Company:

Received, acted on and filed at the Home Office of the Company this _____ **day of** _____, **20**_____ .

By _____
Todd Gill, President

Administrative Office
PO Box 224
Brownwood, TX 76804
Phone: (800) 604-8002
Fax: (325) 643-4043

Liberty Bankers Life Insurance Company

CANCEL/SURRENDER REQUEST FORM

Policy No:	Name of Owner: Name of Insured:
Social Security/Tax ID #:	(IF APPLICABLE) Address to mail refund:

I, , declare the following:
I am the owner of the above-referenced Liberty Bankers Life Insurance Company policy and hereby surrender said policy to Liberty Bankers Life Insurance Company for payment of its full cash value.

I understand that by surrendering this policy and by requesting that my accumulated cash value be paid to me; all of the life benefits provided to the insured under this policy are hereby terminated and that coverage cannot be reinstated.

Do you have your original policy(ies)? __ Yes __ No

If yes, please send your original policy(ies) in with this form(s).

I certify to Liberty Bankers Life Insurance Company that (check one):

- ☐ No Bankruptcy proceedings have been filed by or against me while this policy was in-force, nor are any such proceedings now pending.
- ☐ Bankruptcy proceedings have been filed by or against me while this policy was in-force, but such proceedings are either dismissed or discharged and a copy of such dismissal or discharge is enclosed.

U.S. TAXPAYER CERTIFICATIONS: Under penalties of perjury, I certify that (1) the Social Security Number or Tax ID number provided on this form is correct, that (2) (A) 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, or (B) I am subject to withholding and the required amount of that withholding is ___%, and that (3) I am a U.S citizen or other US person as defined by the IRS.
NON-RESIDENT ALIEN STATUS: If you are a Non-Resident Alien, check below:
__ Under penalties of perjury, I certify that I am a Non-Resident Alien (The amount paid to you will be subject to 30% withholding, unless you submit an IRS Form W-8, and are entitled to claim a reduced rate of withholding under the applicable US tax treaty.)

Owner's Phone Number:	
Owner's Signature:	Date:
Witness Signature	Date:

For your protection, all policy change requests are verified using the policy owner's signature we have on file.

Lincoln Financial®

Request for Partial Surrender/Withdrawal
Life Insurance Policies

Insurance Operations
Mail: PO Box 21008, Greensboro, NC 27420-1008
Phone: 800-487-1485 **Fax:** 800-819-1987
Email: CustServSupportTeam@LFG.com
LincolnFinancial.com

The Lincoln National Life Insurance Company (Lincoln)
Lincoln Life & Annuity Company of New York (Lincoln)
First Penn-Pacific Life Insurance Company (Lincoln)

General Instructions and Form Review

Use this form to request a partial surrender or withdrawal on your policy/certificate.

- Complete a separate form for each policy/certificate.
- Corrections, erasures, or alterations must be initialed and dated by the current policy owner.

All pages of this form must be returned in order to process your request.

General Information (Type or print clearly.) — *Required*

Policy/Certificate Number: _____

Insured Name *(First, Middle, Last)*: _____

Owner Information (If Business Entity or Trust, list full legal name.) — *Required*

Submit additional pages as necessary for multiple owners and include information requested below.

☐ Individual Owner: _____ /_____ /_____ /_____
(First) (M.I.) (Last) (Suffix)

☐ Trust/Entity Owner: _____

Trustee/Officer: _____ /_____ /_____ /_____
(First) (M.I.) (Last) (Suffix)

Officer Title: _____

Mailing Address *(Street)*: _____ *(Apt. or Suite)*: _____

(City/State/ZIP): _____ /_____ /_____

Date of Birth/Trust Date[1] *(mm/dd/yyyy)*: _____ /_____ /_____ SSN/TIN[2]: _____

Phone Number: _____ - _____ - _____

1 The date the trust was established
2 The submission of a completed IRS Form W-9 may be required. Tax Identification Number of trusts or other types of entities.

Partial Surrender/Withdrawal Request — *Required*

Select one option from either the Withdrawal for Disbursement Request or Withdrawal to Apply Towards Premium or Outstanding Policy Loan.

Withdrawal for Disbursement Request*:

- ☐ A partial surrender/withdrawal in the amount of $ _____ or the maximum amount available if less than the amount requested.
- ☐ The maximum withdrawal available.

***If one of the above two options is selected, please choose a Payment Option from Payment Options section below.**

Withdrawal to Apply Towards Premium or Outstanding Policy Loan:**

- ☐ Partial surrender/withdrawal in the amount of $ _____ to reduce the outstanding loan on policy _____ (if available).
- ☐ Apply surrender/withdrawal to payoff outstanding loan and loan interest on policy _____.
- ☐ Apply maximum surrender/withdrawal to payoff outstanding loan and loan interest on policy _____ with balance mailed to owner by check via Regular Mail.
- ☐ Apply surrender/withdrawal of $ _____ as premium payment on policy _____ with balance mailed to owner by check via Regular Mail.

****If one of the above four options is selected, you do not need to select a Payment Option below.**

Payment Options — *Required* (Select one) — If no selection is made, the check will be sent by regular mail.

Please select one of the following options below:

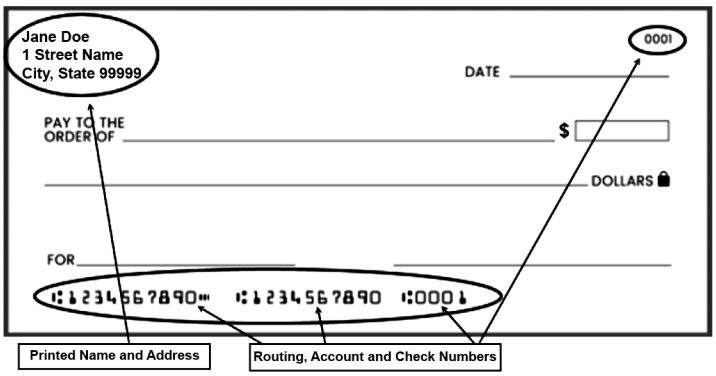
- ☐ Check—Sent by Regular Mail.
- ☐ Check—Sent by FedEx (Fee deducted from proceeds; cannot be delivered to a PO Box).
- ☐ ACH (Automated Clearing House; automated deposit to checking account, if available); submit a voided check. See explanation below.*
- ☐ Wire (Fee deducted from proceeds); submit a voided check. See explanation below.*

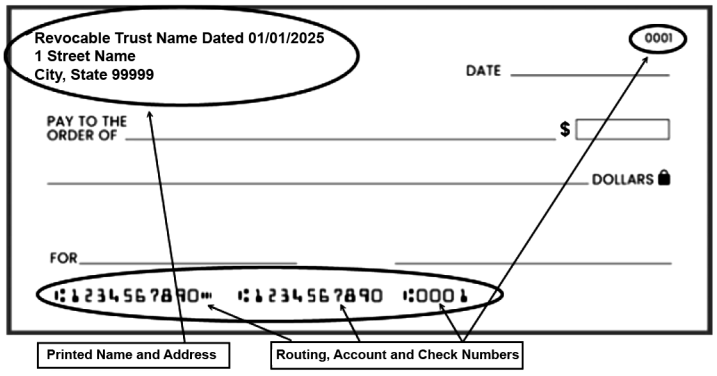
*For funds to be sent via ACH or Wire, a voided check with the routing and account number matching the named policy owner must be submitted and verified. Collaterally assigned policies are payable to the Assignee unless a Release of Assignment is completed.

If the ACH or Wire information cannot be verified and/or processed, then we will send a paper check to the address of record by regular mail to avoid processing delays.

- ☐ If unable to verify and/or process the ACH or Wire information, check here if you prefer to have the check sent by FedEx (Fee deducted from proceeds; cannot be delivered to a PO Box)

For distribution requests deposited into a checking account, your voided check must have a printed name, address, bank routing number, account number and check number.





- Printed name and address on your voided check (as noted above) must match the Policy Owner's name and address listed in the **Owner Information** section above.
- For Trust owned policies, your voided check (as noted above) must match the Trust's name and address listed in the **Owner Information** section above.

For distribution requests deposited into a savings account, you do not have a check, or your check does not meet the requirements, your financial institution can provide a letter.

The letter must include the following:

- Bank letterhead
- Account number
- Routing number
- Account ownership verification
- Type of account
- Two Bank Officers' Signatures (See **Signature and Documentation Requirements** section)

A PAPER CHECK WILL BE MAILED IN THE FOLLOWING CASES:

- If a voided check **or** letter from your financial institution is not provided
- If banking information cannot be validated by our verification tool
- If the electronic payment is unable to successfully process

Variable Universal Life ONLY

Withdrawals on Variable Universal Life policies will be made in proportion to the assets in each subaccount and processed accordingly, unless otherwise specified below. If Lincoln is unable to comply with your fund specific request, the withdrawal will be made in proportion to the assets in each subaccount.

Subaccount % of Loan Amount

_____

_____

_____

Total must equal 100%

Special Instructions

Provide requests for special consideration on the lines below.

_____

_____

_____

Note:

- **Partial Surrenders/withdrawals may be a taxable event. Should you wish to know the taxable amount prior to making this election, please contact a Customer Care Representative at 800-487-1485 between the hours 8:00 a.m. – 6:00 p.m. (Eastern Time), Monday through Friday**
- **Partial Surrenders/withdrawals may reduce both the cash value and death benefit of your Policy/Certificate and will not be reversed after completion**
- **A partial surrender/withdrawal could eventually lead to a premature lapse of your Policy/Certificate and/or cause the Policy/Certificate to become a Modified Endowment contract. Additionally, a partial surrender/withdrawal may affect and/or forfeit contractual guarantees**
- **A Withdrawal Fee may be charged**
- **If you request a partial surrender/withdrawal and surrender charges still apply, a pro rata surrender charge may be deducted**
- **You should review the terms of your Policy/Certificate for details about how these transactions will affect it**
- **Requests to restore the original face amount will be considered an increase of coverage subject to underwriting approval and Policy/Certificate provisions**

Income Tax Withholding Election— *Required*

The withholding tax applies only to the taxable portion, if any, of your payment, not the entire payment. **If the Policy/Certificate is a modified endowment contract, your withdrawal may be considered a taxable event. Tax withholding is not available for withdrawals applied as loan repayments.** If you want to know the taxable amount prior to making this election, please contact a Customer Representative at 800-487-1485 between the hours 8:00 a.m. – 6:00 p.m. (Eastern Time), Monday through Friday.

Withholding Information

Under federal and state laws, you may choose to not have taxes withheld from certain life insurance payments or withheld at a certain percentage or amount from such payments. For either option, you are still responsible for any income tax due on the taxable portion of the payment. You may be subject to tax penalties under the Estimated Tax Payment Rules if your payment of estimated tax and withholding, if any, are not sufficient. For Non-Resident Aliens, federal income tax will be withheld at the applicable rate unless you provide a compliant form W-8BEN or W-8BEN-E and any supporting documentation required.

Taxpayer Identification Number and Certification

Under penalties of perjury, the Owner(s) certifies that:

1. **The Social Security Number(s) or Federal Tax Identification Number(s) provided for the Owner(s) is the correct number (or the Owner(s) is waiting for a number to be issued); and**
2. **The Owner(s) is not subject to backup withholding either because (a) the Owner(s) is exempt from backup withholding, or (b) the Owner(s) has not been notified by the Internal Revenue Service (IRS) that the Owner(s) is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Owner(s) that he or she is no longer subject to backup withholding; and**
3. **The Owner(s) is a U.S. citizen or other U.S. person; and**
4. **The FATCA code(s) entered on this form (if any) indicating that the Owner(s) is exempt from FATCA reporting is correct.**

   Exemption from FATCA reporting code (if any) _____

☐ Check this box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Make your Tax Election below by checking the appropriate box:

We recommend that you contact your tax advisor before making any tax withholding elections to answer any questions that you may have regarding your state's withholding laws.

If you do not make an election, or if you do not furnish us with your Social Security number or Tax Identification number, we will withhold 10% for Federal Income Tax and any appropriate State Income Tax from the taxable portion of your payment. If a withholding election is made that is contrary to IRS or State requirements, then the IRS or State requirements will be applied.

Federal Income Tax Withholding

☐ Do not withhold federal income tax.

☐ Withhold _____ % federal income tax. **Or** ☐ Withhold $ _____ federal income tax.

State Income Tax Withholding

☐ Do not withhold state income tax.

☐ Withhold _____ % state income tax. **Or** ☐ Withhold $ _____ state income tax.

Required or mandated state income tax withholding rules supersede an election made. Some states require their specific withholding form, refer to your state's tax withholding guide.

California Policyholders

California Long Term Care (LTC) Policies issued on or after 01/01/2021 have the right to receive a numerical demonstration of the estimated effect of the surrender or withdrawal on any applicable remaining policy values.

For Variable LTC Policies, an illustration must be sent to you and will require your response approving the surrender or withdrawal. The surrender or withdrawal request will be deemed incomplete until your response is received.

For Non-Variable LTC Policies, you may choose to receive an illustration prior to receiving your distribution. Selecting this option will deem the surrender or withdrawal application incomplete until a response is received approving the surrender or withdrawal. This may cause delays in processing. If you do not select this option, an illustration will be sent at the time of disbursement, under separate cover, and no additional approval will be required.

☐ I elect to receive an illustration prior to proceeding with the surrender or withdrawal request.

Fraud Warning

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Signature and Documentation Requirements

Please read this section carefully before submitting this form. **Title and additional documentation may be required.**

Required: Form must be signed and dated within 6 months of receipt by Lincoln.

Signature Requirements – Who needs to sign?			Additional Required Documentation
My Policy is owned by:	Individual(s)	Owner(s) Signature – All Owners must sign	None
	Trust	Signature of all Trustee(s) with title(s) as outlined in the **Lincoln Financial Certification of Trustees Powers form** (CS11769) which identifies specifically named Trustees who are authorized for transaction requests.	Return a completed **Lincoln Financial Certification of Trustees Powers form** (CS11769). This form can be located on LincolnFinancial.com.
	Corporation, Bank or Financial Institution	Signature of one Officer with title. ***or*** Signature of two Officers with title.	If only one Officer signs the form, then return a **Corporate Resolution** which names all Officers authorized to sign on behalf of the corporation. If two Officers sign with title, then **Corporate Resolution** is not required.
	Partnership or Limited Liability Corporation (LLC)	Signature of General/Managing Partner(s) with title. ***or*** Signature of Managing Member(s) with title.	If signed by General/Managing Partner with Title, then return a copy of the **Partnership Agreement**. If signed by Managing Member with title, then return a copy of the **Operating Agreement** for LLCs.
	Pension Plan	Signature of Pension Plan Administrator.	Return a copy **Plan document(s)** naming the Administrator.
My Policy has the following:	Assignee	Assignee Signature is required when an assignment is active on the policy.	When changing the owner of the policy and there is an active Assignee, a **Lincoln Financial Release of Assignment form** (CS11761) is needed if that Assignment is not transferring to the new owner. This form can be located on LincolnFinancial.com.
	Power of Attorney (POA)	Signature of Attorney-in-Fact with title. *Example: Jane Doe with Attorney-in-Fact listed as title.*	Return a copy of the **Power of Attorney** document to be on file with Lincoln.
	Conservator or Guardian	Signature of Conservator or Guardian with title.	Return **Letter(s) of Conservatorship or Letter(s) of Guardianship of the Estate** to be on file with Lincoln.
	Custodian of Minor	Signature of Custodian with title.	Return a **court order, or other documentation** evidencing an appointment as Custodian under a state Uniform Transfers (Gifts) to Minors Act, to be on file with Lincoln.
	Signed by an “X”	If the signor is unable to sign their name, sign with an “X” in the presence of a notary.	**Form must be notarized.**
	Irrevocable Beneficiary(s)	Irrevocable Beneficiary(ies) are required to sign for all policy changes and transactions.	None

Authorizations and Signatures — *Required*

To ensure that this document has been signed properly, please refer to the Signature and Documentation Requirements table.

Important Reminders:

- **All pages of this form must be returned to Lincoln to process your request.**
- **Stamped or Electronic signatures are not accepted.**
- Read the **Signature and Documentation Requirements section** carefully before submitting this form to avoid processing delays.
- This request is subject to the provisions and conditions of the policy. **Lincoln may require additional information or verification to process this request**.
- If you are signing the form in any capacity other than as an individual, **an appropriate title is required**, i.e.: Trustee, VP, Managing Member. Failure to indicate a title will delay the processing of your request.
- For Corporations, a Corporate Resolution is required (see **Signature and Documentation Requirements** chart for details). For Partnerships/LLCs, a partnership or operating agreement is required. For Trusts, a Certification of Trustee Powers form is required.
- Irrevocable Beneficiary's signature, date, and title is required if applicable.
- Forms must be **received within 6 months** of the signature date.
- **Dates for all signatures are required. Forms not dated will be declined.**
- If additional signature lines are needed, make copies of this page.
- Contact your financial professional or Lincoln with any questions concerning signature requirements of other interested parties.
- **If proper documentation is not received the request will be declined.**

Important: If you are uncertain of any of the signature requirements that apply to your policy, please contact us for assistance.

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

I certify that no proceedings in bankruptcy or insolvency involving any of the undersigned are now pending, that the policy is not assigned to any person or entity other than the undersigned, and that the information on this form is complete and correct. (Provide additional signature pages as needed.)

X CONTRACT OWNER'S SIGNATURE
Signature of Owner/Trustee/Officer *(Required)*

MM / DD / YYYY
Signature Date (MM/DD/YYYY) *(Required)*

Printed or Typed Name of Owner/Trustee/Officer

Title *(Required)*
(Provide Title if owned by a Trust or Corporation)

X CONTRACT OWNER'S SIGNATURE
Signature of Owner/Trustee/Officer *(Required)*

MM / DD / YYYY
Signature Date (MM/DD/YYYY) *(Required)*

Printed or Typed Name of Owner/Trustee/Officer

Title *(Required)*
(Provide Title if owned by a Trust or Corporation)

X ASSIGNEE'S SIGNATURE
Signature of Assignee/Irrevocable Beneficiary (if applicable)

MM / DD / YYYY
Signature Date (MM/DD/YYYY) *(Required)*

Printed or Typed Name of Assignee/Irrevocable Beneficiary (Guardian, if applicable)

Title *(Required)*
(Provide Title if owned by a Trust or Corporation)

X ASSIGNEE'S SIGNATURE
Signature of Assignee/Irrevocable Beneficiary (if applicable)

MM / DD / YYYY
Signature Date (MM/DD/YYYY) *(Required)*

Printed or Typed Name of Assignee/Irrevocable Beneficiary (Guardian, if applicable)

Title *(Required)*
(Provide Title if owned by a Trust or Corporation)

Lumico
life insurance

Policy Number: _____

Home Office: 237 E High Street, Jefferson City MO 65101 • Administrative Office: PO BOX 83303, LINCOLN, NE 68501-3303
For Service Call: (866) 440-4047

LIFE CUSTOMER SERVICE REQUEST

☐ SECTION A – NAME AND ADDRESS

Change Name of Insured:

From: _____

To: _____

Because of: _____

Change of Address:

_____

_____

☐ SECTION B – CHANGE OF BENEFICIARY

All previous beneficiary designations are hereby revoked. The following are designated as beneficiaries under the policy. (Give full name, address, date of birth and relationship to insured.)

Primary:

_____

_____

_____

Contingent:

_____

_____

_____

☐ SECTION C – CHANGE OF PAYOR

(If other than owner or insured)

Full Name: _____

Address: _____

_____

Date of Birth: _____

Social Security No: _____

Relationship to Insured: _____

Phone Number: _____

Please note: The payor name that appears here must match the name/signature given on the Payment Authorization.

☐ SECTION D – CHANGE PREMIUM MODE/METHOD

If Payor change, complete Section C.

Change Premium Mode to: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

Change Payment Method to:

Cardholder/Account Name: _____

Card Type/Account Type: _____

Account Number: _____

Expiration Date: _____

Payment Authorization: I authorize the premium to be processed and remitted to the Lumico Life Insurance Company through my credit card/bank account as referenced herein. The authority is in effect until I cancel it in writing and until the Company or my credit card/bank account actually revokes such notice.

_____

Authorized Signature Date

☐ SECTION E – CHANGE OF OWNER

Owner: _____

(if other than insured – give full name, address & relationship to insured.)

Owner is:

☐ Individual

☐ Trustee

Business:

☐ Sole Proprietorship

☐ Partnership

☐ Corporation

(Name of trust & date of trust agreement)

_____

Business Entity, Name of Principle:

_____

Contingent Owner:

(to succeed the rights of the owner on his or her death, otherwise ownership will pass to the insured. Give full name, address & relationship to insured)

_____

_____

☐ SECTION F – TOTAL SURRENDER

The policy is surrendered for payment of the net cash value.

☐ The policy is attached ☐ The policy has been lost or destroyed

☐ SECTION G – POLICY LOAN

Process loan in the following amount:

☐ Maximum Amount

☐ $ _____ Amount Requested

☐ SECTION H – AUTOMATIC PREMIUM LOAN

Remove policy premiums from being paid by Automatic Premium Loan.

☐ SECTION I – DECREASE IN COVERAGE

From (Amount): _____

To (Amount): _____

Note: Signed written notice of release acceptable to the Company from a collateral assignee is required to be attached to this form.

☐ SECTION J – PLAN CHANGE (within 90 days of issue)

If increasing, complete Statement of Insurability.

Policy Required. Proposal Required

From (Plan): _____ (Amount): _____

To (Plan): _____ (Amount): _____

☐ SECTION K – DUPLICATE POLICY

The policy was lost or destroyed. If the original policy is found later I will return it to the Company. This statement is made for the purpose of procuring a duplicate of said policy.

☐ SECTION L – PREFERRED RATES

Complete Statement of Insurability.

☐ SECTION M – ADD OR CHANGE RIDER(S)

Add: *(Complete Statement of Insurability)*

☐ Accidental Death Rider (Same face amount as policy)

☐ Dependent Child Rider Specified Amount: _____

Change: (Dependent Child Rider)

Complete Statement of Insurability if increasing amount.

☐ Decrease Specified Amount to: _____

☐ Increase Specified Amount to: _____

☐ SECTION N – SETTLEMENT VALUES OPTIONS

If request settlement under my policy be.

☐ **Interest Income** ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

☐ **Income Fixed Period** Number of Years: _____

☐ **Life Income**

☐ **Life Income Period Certain** ☐ 10 Years ☐ 15 Years ☐ 20 Years

☐ **Income Fixed Amount** Amount: _____

☐ SECTION O – REINSTATEMENT

Complete Statement of Insurability

☐ SECTION P – POLICY VALUES OPTION

I request my policy be placed on Reduced Paid-Up Insurance.

☐ SECTION Q – REMOVE RIDERS

☐ Accidental Death Rider ☐ Dependent Child Rider

Owner's Statement and Signature

I hereby request the changes identified in this completed Life Customer Service Request Form. I represent that all information provided is true, correct and complete to the best of my knowledge and belief.

I understand that the effective date of the changes requested: (a) which **DO NOT REQUIRE** a Statement of Insurability will be, unless otherwise indicated in the policy, the date this signed Life Customer Service Request Form is received by the Administrative Office of the Company; and (b) which **DO REQUIRE** a Statement of Insurability will be as described in the Insured Representations, Authorizations and Signatures for Statement(s) of Insurability section of this Life Customer Service Request Form.

I understand that any changes will not apply to any payment or action taken by the Company before it receives a copy of this signed form at its Administrative Office.

FRAUD NOTICE: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

_____ _____

Owner Signature Date

Life Insurance
Policy Loan, Withdrawal, Surrender or Nonforfeiture Request

Mutual of Omaha

Mail To:
United of Omaha Life Insurance Company
3300 Mutual of Omaha Plaza
Omaha, NE 68175-3206
ATTN: Individual Policy Services

Policy Number(s) _____

Reply To:

☐ Policyowner

☐ Field Office _____
Name

Insured Information

Name _____

Address* _____

City/St./ZIP _____

Phone No. __(____)_____

Birth Date _____

Social Security No. (Required)_____—____—_____

Owner Information

Name _____

Address* _____

City/St./ZIP _____

Phone No. __(____)_____

Birth Date _____

Social Security No. (Required)_____—____—_____

*Is this a new mailing address? ☐ Yes ☐ No

Complete One Section Only

Subject to the Loan Provisions of the policy, place a policy loan (complete one box only):

1. ☐ For the largest amount available.

☐ For $ _____ (In addition to my present loan, if any).

☐ To provide a check for $ _____.
Interest and any past due premiums are deducted from all loans.

☐ To pay premium due.

The owner of the policy assigns the policy to the company and acknowledges that any loan on a policy is a first lien and shall be deducted from any benefits or nonforfeiture values. The owner declares that there are no proceedings in bankruptcy against him or her and that his or her property is not subject to assignment for the benefit of creditors.

According to the nonforfeiture clause of the policy (complete one box only):

2. ☐ Apply the value of my policy to provide **Extended Term Insurance.** (Extended Term Insurance is a policy provision which continues your basic coverage until your cash value is exhausted, with no further premium payments required.)

3. ☐ Apply the value of my policy to provide **Reduced Paid-up Insurance.** (Reduced Paid-up Insurance is a policy provision which uses your cash value to purchase a reduced death benefit, with no further premium payments required.)

Subject to the partial withdrawal and surrender for cash provisions of the policy (complete one box only):

4. ☐ Withdrawal $ _____ from the cash value.

5. ☐ Pay all of the value in my policy to me in *cash* and terminate the insurance for which I **surrender** the policy.

Please read Tax Summary section on next page. **Note:** If you have a foreign address, a Form W-9 or Form W-8BEN is required to complete this request.

Tax Summary

Federal tax laws impose withholding requirements with respect to life insurance withdrawals, surrenders, assignments and policy loans which are considered taxable distributions.

Federal Income Tax will be withheld at a flat 10% rate from all taxable distributions unless you elect to have no tax withheld. You can elect to have no income tax withheld by checking the election box below or attaching IRS Form W-4P to this form. You do not have to give a reason for your election.

Furnish your taxpayer identification number whether or not you elect income tax withholding. The taxpayer identification number for most individuals is his or her Social Security Number. **Note:** Failure to provide the correct taxpayer identification number will result in our withholding the tax required by law, even if you elect no withholding.

If a U.S. person resides in a foreign country, a Form W-9 must be completed in addition to this request.

If a non-U.S. person (whether an individual or a foreign entity) will receive income, they are subject to U.S. tax and must provide the Form W-8BEN directly to United of Omaha Life Insurance Company. This form is used to establish that he/she is not a U.S. person and to claim that they are the beneficial owner of the income. Form W-8BEN must be signed and dated by the beneficial owner of the income, or, by an authorized representative as evidenced by a duly completed Power of Attorney (The IRS Form 2848, Power of Attorney, may be used for this purpose).

Caution — You are required to include any taxable distributions on your Federal Income Tax return and possibly on your State Income Tax return if required by your state of residence. If you elect to have no tax withholding from your taxable distribution, 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 tax rules if your withholding and estimated tax payments are not sufficient for the tax year.

Notice About Modified Endowment Contracts

The Technical and Miscellaneous Revenue Act of 1988 (TAMRA) created a new class of life insurance policies. This new class of policies is called modified endowment contracts. Generally, a life insurance policy is a modified endowment contract if the policy is purchased with a single premium or if premium payments exceed the limits prescribed by this law. If the policy is or becomes a modified endowment contract, policy loans, withdrawals, assignments and surrenders will be taxed as income to the extent that there is gain in the contract. There is gain in the contract if your cash values exceed your investment in the policy (generally the premiums paid). In addition, you must pay a 10% tax penalty on the taxable portion of any policy loan, withdrawal, assignment or surrender made by you before age 59½.

Important

The above "tax summary" merely summarizes the sum of the internal revenue code rules which govern the taxation of certain distributions (policy loans, withdrawals, assignments and surrenders). You should consult your tax advisor prior to making a distribution from your life insurance policy.

Withholding Election

Some withdrawals, surrenders, assignments and policy loans from life insurance policies are considered taxable distributions. United of Omaha is now required to withhold income tax from all taxable distributions unless you specifically elect not to have these withholding rules apply. Read the reverse side of this form carefully before completing the following election. **If the election box below is not checked, withholding will be made as described on the reverse side of this form.** State withholding may apply and is determined by your state of residence.

☐ I elect to have no Federal/State (if applicable) Income Tax withheld from my taxable distribution.

I understand this election will remain in effect until revoked by me and that I may revoke it at any time.

Signature Requirements:

	_____ Signature of Owner(s)	_____ Date
_____ Signature of Assignee (if any)	_____ Signature of Party-In-Interest (If Resident of a Community Property State Listed Above)	_____ Signature of Irrevocable Beneficiary (if any)

If the owner is a corporation, this form must be accompanied by a certified copy of the board resolution authorizing the executing officer to sign this form on behalf of the corporation.

Life Service Request

JACKSON®
NATIONAL LIFE INSURANCE COMPANY
Home Office: Lansing, Michigan
www.jackson.com

USE DARK INK (print or type). SIGN AND DATE ON PAGE 5.

Insured's Name (First) | (Middle) | (Last) | Date of Birth (mm/dd/yyyy) | Social Security Number

Current Owner's Name (First) | (Middle) | (Last) | Date of Birth (mm/dd/yyyy) | Social Security Number

Owner's Name (if owned by a non-natural entity) | Tax Identification Number

Joint Owner's Name (First) | (Middle) | (Last) | Date of Birth (mm/dd/yyyy) | Social Security Number

Owner's Daytime Phone Number (include area code) | Joint Owner's Daytime Phone Number (include area code)

1. Policy Number (10 digits, include zeros) | 2. Policy Number (10 digits, include zeros) | 3. Policy Number (10 digits, include zeros)

Ownership Change

- If multiple Owners, the first Owner's designated Social Security Number/Tax Identification Number will be used on the Policy.
- For ownership changes, if your policy application was signed in Ohio, you must complete the relationship field(s) before your request can be considered.

New Owner's Name (First) | (Middle) | (Last) | Date of Birth (mm/dd/yyyy) | Social Security Number

New Owner's Name (if owned by a non-natural entity) | Relationship to Insured | Date of Trust (mm/dd/yyyy) | Tax Identification Number

Physical Address (No P.O. Boxes) Number, Street | City | State | ZIP Code | Sex ☐ Male ☐ Female

Email Address | Phone Number (include area code) | U.S. Citizen? ☐ Yes ☐ No | Country of Residence

New Joint Owner's Name (First) | (Middle) | (Last) | Date of Birth (mm/dd/yyyy)

Relationship to Insured | Sex ☐ Male ☐ Female | Social Security Number

Physical Address (No P.O. Boxes) Number, Street | City | State | ZIP Code | U.S. Citizen? ☐ Yes ☐ No

Email Address | Phone Number (include area code) | Country of Residence

Beneficiary Change

- Percentages must be indicated by a whole percentage and equal 100% for each beneficiary type. **If left blank, all beneficiaries will receive equal shares.**
- For additional beneficiaries, please attach Beneficiary Designation Supplement form X3041, signed and dated by the Owner (available at www.jackson.com).

  ☐ Please check here if form X3041 is being submitted.
- **This request will revoke all previous beneficiary designations.**
- **You must select at least one primary beneficiary unless you are only adding a contingent or changing the current contingent beneficiary.**
- Unless otherwise indicated, all beneficiaries will be **primary beneficiaries and revocable**. You will retain the right to change beneficiary designations in the future.

  NOTE: Irrevocable - By checking an Irrevocable Primary or Irrevocable Contingent box below, the named irrevocable beneficiary(ies) obtain(s) a vested interest in this Policy and must sign (along with the Owner) for any future changes to, surrender of, withdrawals from, or transfer of this Policy as requested by the Owner, including a change of the named irrevocable beneficiary(ies). **All irrevocable beneficiary(ies) must also sign this form on the appropriate line(s) on page 5.**

☐ Primary ☐ Irrevocable Primary ☐ Contingent ☐ Irrevocable Contingent ☐ Percentage of Death Benefit

Beneficiary's Name (First)	(Middle)	(Last)	Date of Birth (mm/dd/yyyy)	Social Security Number

Non-Natural Entity Name	Tax Identification Number	Relationship to Owner	Phone Number (include area code)

Physical Address (No P.O. Boxes) Number, Street	City	State	ZIP Code	Country of Residence

☐ Primary ☐ Irrevocable Primary ☐ Contingent ☐ Irrevocable Contingent ☐ Percentage of Death Benefit

Beneficiary's Name (First)	(Middle)	(Last)	Date of Birth (mm/dd/yyyy)	Social Security Number

Non-Natural Entity Name	Tax Identification Number	Relationship to Owner	Phone Number (include area code)

Physical Address (No P.O. Boxes) Number, Street	City	State	ZIP Code	Country of Residence

☐ Primary ☐ Irrevocable Primary ☐ Contingent ☐ Irrevocable Contingent ☐ Percentage of Death Benefit

Beneficiary's Name (First)	(Middle)	(Last)	Date of Birth (mm/dd/yyyy)	Social Security Number

Non-Natural Entity Name	Tax Identification Number	Relationship to Owner	Phone Number (include area code)

Physical Address (No P.O. Boxes) Number, Street	City	State	ZIP Code	Country of Residence

Name Change

Please attach supporting documentation, for example: copies of marriage license, driver's license, court document, etc.

Change Name of: ☐ Owner ☐ Joint Owner ☐ Insured ☐ Joint Insured ☐ Beneficiary

Change Due to: ☐ Marriage ☐ Divorce ☐ Other (if other, reason for change)

Former Name (First)	(Middle)	(Last)

New Name (First)	(Middle)	(Last)

Mailing Address Change

☐ Permanent ☐ Temporary*

Name (First)	(Middle)	(Last)	Social Security Number

Policy Role: ☐ Owner ☐ Joint Owner ☐ Insured ☐ Other:

Email Address	Phone Number (include area code)

New Mailing Address (number, street)	City	State	ZIP Code	Country of Residence

* If a temporary address is provided, your current residence state will be used to determine state tax withholding guidelines for distributions until a new permanent mailing address is received.

Authorized Callers

If you want to authorize individuals other than your Producer/Representative to receive Policy information via telephone and/or in writing, please list each individual's information here:

Name (First)	(Middle)	(Last)	Date of Birth (mm/dd/yyyy)	Social Security Number

Name (First)	(Middle)	(Last)	Date of Birth (mm/dd/yyyy)	Social Security Number

Duplicate Policy/Certificate of Coverage

One duplicate Policy/Certificate of Coverage will be provided free of charge. Jackson National Life Insurance Company® (Jackson®) reserves the right to impose a $25.00 fee for each subsequent duplicate Policy requested.

This Policy was: ☐ **Lost** ☐ **Never Delivered** ☐ **Stolen** ☐ **Destroyed.** The Policy is not assigned (not applicable to all Policies), pledged or subject to any lien in any way. If the original Policy is found, I will return the duplicate to the Company or its successors or assigns (not applicable to all Policies).

Change Method of Premium Payment

☐ **Change the mode of payment to:** ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly*

Note: mode of payment will not be changed if it is not available or allowed by the Company. Except for Variable Life, Universal Life, and some Ultimate® 7 plans, Premiums paid other than annually will result in a higher total annual Premium.

*A Pre-Authorized Charge/Electronic Funds Transfer (PAC/EFT) form (X0297) must be submitted to initiate a Monthly mode of payment. This form is available at www.jackson.com.

☐ **Change the payor to:**

New Payor Name	Country of Residence

Address (number, street)	City	State	ZIP Code

Note: New Payor will receive all billing notices and MUST sign below.

Automatic Premium Loan (APL) Provision

I/We hereby request that the APL Provision be (select one):

☐ Added OR ☐ Removed from this policy

Note: not available for Term or Jackson Assure Whole Life® products.

Nonforfeiture Provision

I/We hereby request the discontinuation of Premium Payments and, as of Premium paid-to-date, request the Net Cash Value of the Policy be used (if available) to continue Benefits as follows (select one):

☐ Extended Term Insurance (ETI) (not available for Jackson Assure Whole Life policies), or

☐ Reduced Paid-Up Insurance (RPU) (if available).

SIGNATURE REQUIREMENTS - ALL APPLICABLE SIGNATURE AREAS MUST BE COMPLETED BEFORE RETURNING.

Joint and Multiple – If additional space is needed for Multiple Owners, attach a separate piece of paper with signatures and dates.

Guardian – Must be signed by the Guardian. Provide a copy of guardianship papers.

Trust – All trustees/co-trustees, if required by the trust. Provide a copy of the signature and notary pages, and the page listing the names of the trustee(s) and successor trustee(s).

Irrevocable Beneficiary – Must include address and be signed by irrevocable beneficiary.

Attorney-in-Fact – May be signed by the attorney-in-fact. Provide a current power of attorney if not previously submitted. Notarized signature required, if not already on file.

Collateral Assignee – Must be signed by all current collateral assignees. Provide a copy of documentation.

Partnerships – Requests must be submitted in the name of the partnership and signed by all partners. Provide a copy of Partnership Agreement.

Corporation – One officer must sign with title unless the signing officer is also the Insured, in which case, an additional officer's signature and title are required. Provide a copy of Corporate Resolution.

Pension Trust – Must be signed by the trustee. Provide a copy of the trustee appointment.

Other Signature Requirements – For cases such as minor Owners, bankruptcies or cases with tax liens, contact the Service Center for appropriate signature requirements. Spouse's signature may be required in community property states: AZ, CA, ID, LA, NM, NV, TX, WA and WI. We recommend you discuss with your legal advisor.

Signature section on page 5 is required.

Signatures

The Owner's signature is required for all changes on this form. On ownership changes, both the old and new Owners' signatures are required. Jackson may require a signature verification with supporting documentation to establish the signer's authority. A delay may occur if all applicable signature areas and requirements are not completed. See other signature requirements on page 4. It is hereby agreed that the changes requested above shall not become effective unless and until this request is approved by the Company at its Service Center. I certify that the policy owner is not a debtor in any pending bankruptcy proceeding.

Note: If the owner resides in Massachusetts and this request is to change beneficiary(ies), a disinterested person who is over 18 and who is not named as beneficiary must sign as a witness to the owner's signature. In all other states, including the signature of a witness is encouraged.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number.
2. I am not subject to backup withholding.
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien).
4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Owner's Signature (and Title if applicable)	Date (mm/dd/yyyy)	New Owner's Signature (and Title if applicable)	Date (mm/dd/yyyy)
Joint Owner's Signature (and Title if applicable)	**Date (mm/dd/yyyy)**	**New Joint Owner's Signature (and Title if applicable)**	**Date (mm/dd/yyyy)**
Trustee's Signature and Title	**Date (mm/dd/yyyy)**	**New Trustee's Signature and Title**	**Date (mm/dd/yyyy)**
Trustee's Signature and Title	**Date (mm/dd/yyyy)**	**New Trustee's Signature and Title**	**Date (mm/dd/yyyy)**
Irrevocable Beneficiary's Signature (and Title if applicable)	**Date (mm/dd/yyyy)**	**Collateral Assignee's Signature and Title**	**Date (mm/dd/yyyy)**
Irrevocable Beneficiary's Signature (and Title if applicable)	**Date (mm/dd/yyyy)**	**Witness's Signature (may be required for MA residents)**	**Date (mm/dd/yyyy)**
Spouse Signature (if applicable)	**Date (mm/dd/yyyy)**	**Signature Guarantee or Notary (if applicable)**	
New Payor's Signature	**Date (mm/dd/yyyy)**		

	Jackson Contact Information
Regular Mail	PO Box 24068, Lansing, MI 48909-4068
Overnight Mail	1 Corporate Way, Lansing, MI 48951
Customer Care	800-644-4565, 8:00 a.m. to 8:00 p.m. ET (M-F)
Fax*	517-706-5552
Email	customercare@jackson.com

* A fax cover sheet is not needed. If you have additional instructions to submit please complete Letter of Instruction (form X4250) including owner and/or proposed insured signature(s) as applicable.

Nationwide®

Policy Owner Full Surrender Request

Nationwide Life Insurance Company
Nationwide Life and Annuity Insurance Company

Skip the paperwork: Submit this form electronically at nationwide.com for quicker handling

Contact us: For questions about this form call 1-800-848-6331

1. Enter Policy Owner Information

First Name: _____ Last Name: _____ Policy Number: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Nationwide strives to provide excellent customer service to our Members. By providing your telephone number, you authorize the Nationwide Family of Companies to contact you via telephone using automated technology to assist you with your account.

2. Enter Federal Tax Withholding Instructions

Nationwide will withhold 10% of the taxable gain and forward that amount to the Internal Revenue Service if you don't make an election or don't provide a taxpayer identification number to us on page 2. See Important Details and Disclosures on Page 3 for more information.

Please select one:

☐ I DO NOT want to have Federal Income Tax withheld from my lump sum proceeds.

☐ Please withhold this percent:_____%

3. Select Payment Method

☐ **Direct Deposit**

You are authorizing a one-time Automated Clearing House (ACH) credit (direct deposit) to the bank account provided on this form. Funds must be deposited to a U.S. Institution. See Important Details and Disclosures on Page 3 for more information.

Select an account type[1]:

☐ **An Account on File** - Verify account information below

☐ **New Checking Account** - Provide account information below

☐ **New Savings Account** - Provide account information below

Bank Account Holder Name (must be Policy Owner): _____

Financial Institution Name: _____

Transit/ABA Routing Number: _____ Account Number: _____

[1] If there is no account on file we'll mail a check to the address on file.

☐ **Mail a check to the address on file**

4. Sign and Date (required)

I have read the Important Details and Disclosures beginning on Page 3.

The surrender shall not take place until this form is received in good order by Nationwide. Once received, Nationwide's liability under the policy, except for the payment of the cash surrender value, shall cease and terminate. In consideration of the payment of the total cash surrender value, the undersigned acknowledges that all rights, claims, benefits, and demands under the policy are fully settled and satisfied and Nationwide is hereby released from any and all liability. It is hereby expressly represented that no person, firm, or corporation other than the undersigned has any interest in this policy, and that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned.

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

Owner:

Name (please print): _____ **SSN/TIN (required):** _____

Signature: _____ **Date:** _____

Joint Owner (if applicable):

Full Name (please print): _____ **SSN required:** _____

Signature: _____ **Date:** _____

Other (select one): ☐ Officer ☐ Assignee ☐ Trustee ☐ Irrevocable Beneficiary

Full Name (please print): _____

Title (required): _____ **TIN (required):** _____

Signature: _____ **Date:** _____

IMPORTANT: If Corporate Owned or Assigned an officer signature is required, please include a corporate resolution indicating the officer's signing authority. For a Trust or Power of Attorney, a trust certification/ Power of Attorney agreement is required.

Spousal Consent (if applicable; see the Community Property Spousal Consent section on page 3 to determine applicability): I have read and understand the community property disclosure found on this form. I agree that this disclosure applies to me and I consent to the distribution requested and waive any rights that I may have to such Life Insurance Policy under applicable community property laws.

Signature: _____ **Date:** _____

5. Certify Taxpayer ID

I certify that under penalties of perjury that:

1. The Taxpayer Identification Number or Social Security Number listed on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because:
    a. I am exempt from backup withholding, or
    b. I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
    c. The Internal Revenue Service has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (FATCA does not apply as this is a U.S. account)

You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of failure to report interest or dividends on your tax return.

Nationwide®

Policy Owner Full Surrender Request
Important Details and Disclosures

PLEASE RETAIN THIS PORTION OF THE FORM FOR YOUR RECORDS.

Submit to Nationwide

Complete or Upload Online: Log in to nationwide.com and select the "Forms" option to submit this request online.

Don't have an Online account? Follow these steps:
1) Visit nationwide.com **2)** Click "Log in" **3)** Click "Life insurance" in the drop down **4)** Click "Sign up"

Submit by regular mail:
Nationwide Life Insurance Company
PO Box 182835
Columbus, OH 43218-2835

Submit by overnight mail:
Nationwide Life Insurance Company
3400 Southpark Pl Ste A
Grove City, OH 43123-4856

For More Information: Call 1-800-848-6331

General Information

- **Form Status:** If any information on this form is unclear or incomplete, we'll communicate directly with the policy owner.
- **Cash Value:** Term policies do not accumulate cash value. Other types of policies may have no cash value to surrender other than any paid up premiums on the policy.
- **Charges**: Surrender charges may apply to any full surrender. Any applicable surrender charge will apply and reduce the policy's cash surrender value as outlined in the policy. **To obtain the current charges or potential lost benefits, or learn about options available to you, please contact our Customer Service Center at 800-848-6331.**
- **Premium Payment:** If we've received a premium payment from you within the 10 day period preceding our receipt of this form, we'll deduct that premium amount from the proceeds due to you (if any) from the surrender and hold it for 15 days. Once the premium payment is cleared by your banking institution, we will refund it to you by the same payment method elected in Section 3 of this form.
- **Premium Payment Drafts:** If paying premium by EFT/electronic draft, please contact Nationwide's Home Office to cancel the draft prior to sending this form at 1-800-848-6331.
- **Traditional Life Surrender Requests:** Those received within 30 days prior to your policy anniversary date are processed effective the next business day following your policy anniversary date.

Section 2 - Federal Tax Withholding

- **Tax Liability:** You may owe Federal Income Tax on any portion of a surrender or partial surrender that represents a gain. You may also be responsible for payment of Federal Income Tax on the portion of your lump sum payment.
- **Tax Penalty:** You may be subject to tax penalties under the Estimated Tax Payment rules if your combined payments of estimated tax and withholding are not adequate.
- **Advice:** Consult your tax advisor concerning possible tax implications as a result of this transaction.

Section 3: Direct Deposit (ACH)

- **Date of Deposit:** The deposit to your checking or savings account will normally occur up to four (4) business days after the date of the withdrawal from the life insurance policy.
- **Account Verification:** In processing your one-time ACH credit transaction, Nationwide uses consumer information to verify ownership of the receiving bank account to reduce the possibility of fraud. If there is an inconsistency in the information you have provided to us and the authorized bank account holder's information, or if you fail to provide adequate account information, a paper check will be mailed to the address of record.
- **Owner Authorization:** By signing this form, you authorize Nationwide Life Insurance Company and/or Nationwide Life and Annuity Insurance Company to electronically credit (deposit) and/or correct by electronic debit (withdrawal) any refund or payment due to you to the bank account listed on this form as allowed by U.S. law. You also authorize your bank to credit or debit your account accordingly.
- **Joint Account Owners:** If this bank account is a joint account, authorization by one bank account owner constitutes authorization by all bank account owners - whether a current owner of this account or added after this authorization is signed.

Community Spousal Property Consent

For Residents of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin:

- **Community Property States:** If you live in one of the community property states listed above, your spouse may have rights to the benefits of this Policy under state law.
- **Tax Consultation:** If you are unsure of whether these laws apply to you, consult with your legal or tax advisor to determine whether a spousal signature is required on this form. Nationwide Life Insurance Company and/or Nationwide Life and Annuity Insurance Company disclaim any responsibility for determining the applicability of community property laws or the validity of the requested distribution.
- **Spouse Definition:** The term "spouse" refers to the person to whom the owner is legally married, or the policy owner's domestic partner or equivalent as recognized and allowed by federal law, or by state law in your state of residence.

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OLD AMERICAN INSURANCE COMPANY

3520 BROADWAY / P.O BOX 210617 / KANSAS CITY, MO 64121-0617
PHONE: (800) 733-6242 FAX: (816) 303-9800

POLICY SURRENDER FORM

Policy:
Owner:

I have received all the information I need, please process my request.

_____ SURRENDER - Pay all of the value of my policy in cash and terminate any insurance protection for which I surrender the policy.

_____ The policy is enclosed.
_____ The policy was sent with the original request.
_____ The policy cannot be located at this time.

By signing Page 2 and in consideration of the cancellation requested, I hereby agree to (1) indemnify the insurance company against all consequences of having two outstanding documents evidencing the same policy or rider/supplement, and (2) promptly deliver or cause to be delivered and surrendered to the company said policy or rider/supplement herein cancelled in the event that the original document shall be found at any time hereafter.

PLEASE READ AND COMPLETE THE ATTACHED CERTIFICATION INFORMATION AND RETURN PAGES 1 AND 2.

OLD AMERICAN INSURANCE COMPANY

3520 BROADWAY / P.O BOX 210617 / KANSAS CITY, MO 64121-0617
PHONE: (800) 733-6242 FAX: (816) 303-9800

POLICY SURRENDER FORM

Policy:
Owner:

CERTIFICATION - Under penalties of perjury I certify (a) the number shown on this form is my correct identification number (or I am waiting for a number to be issued), (b) I am not subject to backup withholding due to failure to report interest and dividend income, (c) I am a U.S. person (defined in the instructions below) and (d) I'm exempt from FATCA (Foreign Account Tax Compliance Act) reporting.

CERTIFICATION INSTRUCTIONS. You must cross out item (b) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION TO THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

Signature of Owner _____ Date _____

Address _____ Soc Sec _____

City, State & Zip _____ Phone _____

Signature of Assignee (if applicable) _____

CK:FM5002

OXFORD
LIFE INSURANCE COMPANY®

DISBURSEMENT INSTRUCTIONS

Please read all instructions carefully and complete all applicable sections on the following pages. Some additional documents may be required. Unclear or missing information may delay or prevent processing. Please sign and date the form and return **ALL** pages, along with any required documents via the return method identified below. Questions? Please call (866) 641-9999.

REQUIRED DOCUMENTS

1 **DISBURSEMENT FORM**

- Complete all applicable fields and return ALL pages of the form
- Remember to sign in both the "Substitute Form W9" section AND the "Signatures and Certification" section of this form
- Your signature must be a "wet" signature (electronic signatures are prohibited)

2 **IDENTIFICATION**

- Submit a LEGIBLE, VALID (not expired), SIGNED form of ID of the Owner from the list below

3 **METHOD OF PAYMENT**

- If the disbursement to you will be by CHECK, and the address on your ID does not match the address you list on this form, please submit ONE "Proof of Address" from the list below
- If the disbursement to you will be by DIRECT DEPOSIT, please submit ONE proof of your Bank Account Information" from the list below

4 **ADDITIONAL DOCUMENTS**

- If you are making this request as a Power of Attorney over the Owner, please submit a Certification of Power of Attorney form (available at OxfordLife.com) and all pages of your Power of Attorney documents
- If you are making this request on behalf of a Trust, Guardianship, Conservatorship, or Corporation, please see the final page of this form for additional document requirements

DISCLAIMER: We will run your account and address information through our database to verify where funds are being sent. If we are unable to verify your account or address, or there is a discrepancy with any of the information provided on the form, we reserve the right to request additional alternative forms of identification or other documents.

ACCEPTABLE TYPES OF DOCUMENTS

Signed Forms of ID	Bank Account Information	Proof of Address
• Valid (not expired) Driver's License/ Government / State Issued ID • Passport • Social Security Card • Military ID • Green Card • Voter Registration Card **ID MUST BE LEGIBLE & SIGNED**	Submit a voided check (not a starter check) **OR** Submit a bank-issued letter, on bank letterhead, verifying the account owner(s) name, the complete routing number, and the complete account number.	• Utility Bill (i.e. gas, electric, telephone) • Bank or Credit Card Statement • Vehicle registration • State / Federal Tax Document • Other Financial Institution Document **PROOF OF ADDRESS ITEM CANNOT BE OLDER THAN SIXTY (60) DAYS**

RETURN METHOD

All documents may be emailed, mailed, faxed, or uploaded to us at OxfordLife.com

EMAIL: OxfordPHS@OxfordLife.com
MAIL: 2721 N. Central Ave Phoenix, AZ 85004
FAX: 877-584-2777
UPLOAD: OxfordLife.com, click on "Policyholders" at the top of the page, register for your online portal

OXFORD
LIFE INSURANCE COMPANY®

2721 N. Central Ave * Phoenix, AZ 85004
Policyholder Services: 866.641.9999
Fax: 877.584.2777
Email: OxfordPHS@OxfordLife.com
Website: oxfordlife.com

LIFE INSURANCE SURRENDER / CANCELLATION FORM

INSTRUCTIONS:

- Please read all instructions carefully and complete all applicable/required sections of this form
- Unclear or missing information may delay or prevent processing
- Ensure all required printed names, signatures, and dates are included
- Include any required additional supporting documentation
- Any correction(s) must be crossed out and initialed. Use of white-out is prohibited
- Return ALL pages of this form
- See "Processing and Signature Requirements" on the last page for additional requirements
- **ALL signors of this request must submit a copy of a valid, government-issued ID such as a driver's license, passport, or state ID**

OWNER INFORMATION

POLICY NUMBER			
OWNER'S NAME	OWNER'S DATE OF BIRTH		OWNER'S SOCIAL SECURITY # XXX – XX -- __ __ __ __
JOINT OWNER'S NAME (if applicable)	JOINT OWNER'S DATE OF BIRTH		JOINT OWNER'S SOCIAL SECURITY # XXX – XX -- __ __ __ __
MAILING ADDRESS			
CITY	STATE	ZIP + 4	HOME PHONE NUMBER ( ) --
STREET ADDRESS (**REQUIRED** IF MAILING ADDRESS IS PO BOX)			CELL PHONE NUMBER ( ) --
CITY	STATE	ZIP + 4	E-MAIL ADDRESS (optional)

Reason for Surrender / Cancellation:

FULL SURRENDER / CANCELLATION

❑ Check this box if you want to request a FULL SURRENDER of your policy for its Cash Surrender Value.

NOTE:

- **Full surrender will terminate your life insurance policy**
- **If this policy has any Cash Surrender Value greater than zero, I am requesting those proceeds to be distributed to me by the method elected below**

METHOD OF PAYMENT

Please select ONE of the following options. If no option is selected, the proceeds will be mailed to the owner's address of record.

1) ❑ **MAIL A CHECK** to the address of record (Not available if requesting recurring monthly disbursements)

OR

2) ❑ **DIRECT DEPOSIT** (Must be selected if requesting recurring monthly disbursements)

❑ **CHECKING ACCOUNT** ❑ **SAVINGS ACCOUNT**

- **For direct deposits, mark either "Checking Account" or "Savings Account" above**
- **The policy owner must also be the owner of the bank account provided**
- **Submit a voided check (not a starter check) or a bank-issued letter, on bank letterhead, verifying the account owner(s) name, the complete routing number, and the complete account number**
- **If a voided check or valid bank letter is not submitted, a check will be mailed instead**

DISCLOSURES AND AUTHORIZATIONS

Direct Deposit Authorization

I hereby authorize Oxford Life Insurance Company, and/or its third-party administrators, representatives, or agents, ("Oxford Life") to electronically transfer into my account, until further notice, all policy payments due to me and to charge the referenced account to reverse any transfer erroneously posted to my account. I agree that Oxford Life will have no further liability with respect to any payments made in accordance with this authorization and may at any time discontinue my direct deposit and issue checks to me requiring my personal endorsement. I understand this authorization is to remain in full force and effect until Oxford Life has written notification from me of termination and in such manner as to afford Oxford Life and the financial institution a reasonable opportunity to act on it. I, for myself, my heirs, executors, administrators, and assignees do hereby consent and agree that any sums of money deposited to my account after my death, shall be refunded to Oxford Life for distribution to the person or persons, if any, entitled to those sums under the terms of the policy.

I have read, understand, and agree to the following:

- I certify that my policy is not assigned or pledged as collateral to any other person or corporation unless an assignee has signed below. I further certify that the owner is not a debtor in any pending bankruptcy or insolvency, and that the owner is not under guardianship or legal disability unless indicated.
- Outstanding loan balances reduce the Net Cash Value;
- Please verify the loan or surrender provisions and conditions of your policy prior to submitting this form.
- Surrendering a policy terminates the life insurance coverage and any riders;
- I must return the original policy with this form. If the original policy is not attached, I certify that it has been lost or destroyed and that I made a reasonable effort to locate it; and
- The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

REQUIRED SIGNATURES ON NEXT PAGE

SUBSTITUTE FORM W-9

The following information is being collected on this statement rather than an IRS Form W-9 and will be used for supplying information to the Internal Revenue Service (IRS).

Under penalty of perjury, I certify that: (1) the number shown on this form is my correct Social Security/Taxpayer Identification number; and (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 notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person.

Note: The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

REQUIRED SIGNATURE

SIGN HERE _____ _____ _____

Owner's Signature **Printed Name** **Date**

If signing as a representative of the Owner, please check the appropriate box below:

❑ Owner ❑ Trustee ❑ Executor of Estate ❑ Power of Attorney ❑ Conservator/Guardian ❑ Officer

SIGNATURES

I have read, understood, and agreed to all sections of this form and authorize this request.

SIGN HERE _____ SIGN HERE _____

Owner's Signature **Date** **Joint Owner's Signature (if applicable)** **Date**

❑ Trustee or ❑ Officer Title: _____ ❑ Trustee or ❑ Officer Title: _____

SIGN HERE _____

Irrevocable Beneficiary or Collateral Assignee's Signature (if applicable) **Date**

If you are signing on behalf of the owner, print your name, sign, and date below, and check the box that describes the capacity in which you are signing: ❑ Conservator ❑ Guardian ❑ Power of Attorney

I certify that the conservatorship, guardianship, or power of attorney authorizing me to act for the policy owner has not been terminated or modified in any way that would affect my ability to act for the policy owner. I agree to indemnify, defend, and hold Oxford Life Insurance Company harmless for, from, and against any losses, liability, claims, and costs (including attorney's fees) resulting from acting on my instructions.

SIGN HERE _____ _____

Signature **Date** **Printed Name**

ATTENTION RESIDENTS OF AZ, CA, ID, LA, NM, NV, TX, WA, OR WI:

If you live or your policy was issued in a community property state listed above, your spouse must sign below:

SIGN HERE _____ **OR** **Check this box if you are not married or your spouse is deceased:** ☐

Owner's Spouse Signature **Date**

PROCESSING AND SIGNATURE REQUIREMENTS

All applicable required signatures must be included when submitting this form. Processing will be delayed if signature requirements are not satisfied.

Spouse Signatures – If the policy was issued in or the owner resides in a community property state (currently AZ, CA, ID, LA, NM, NV, TX, WA, or WI), the owner's spouse must also sign this form. Unless Oxford Life has been notified of a community property interest in the policy, Oxford Life will rely on its good faith belief that no such interest exists and will assume no responsibility for inquiry.

Trust – All Trustees must sign if required by the trust agreement. A copy of the trust agreement and a current Certification of Trustee Powers form must be on file for all requests. If not previously submitted, a complete copy of all pages of the Trust should be submitted with this request. The Trustee(s) should sign their name in the Signature-Owner field and check the "Trustee" box below the signature.

Guardian or Conservator – The guardian or conservator must sign and identify the capacity in which they are signing for the owner. If not previously submitted, a complete copy of the guardianship / conservator papers should be submitted with this request.

Power of Attorney – If not previously submitted, the Power of Attorney signing this form should complete and submit a Certification of Power of Attorney form and all pages of their Power of Attorney documents. An updated Certification of Power of Attorney form is required every 12 months.

Corporation – If the Owner of the policy is a corporation, entity, or business, check the "Officer Title" box below the Owner-Signature line and write the title of the officer signing the request. Provide a copy of the corporate resolution evidencing the officer's signing authority or a copy of the most recent business meeting notes authorizing this request.

Irrevocable Beneficiary – If you previously named an irrevocable beneficiary, the irrevocable beneficiary's signature is required.

Collateral Assignee – If the policy has been assigned as collateral, all assignees must sign.

Address Requirements – If the address provided on this form does not match the address for the Owner on file, please submit proof of this updated address such as a driver's license, passport, state ID, vehicle registration, or a state/federal tax document as proof of address.

Funeral Homes / Assignment Companies – If a Funeral Home or Assignment Company is being named as a Beneficiary or Irrevocable Beneficiary, we must receive a copy of the company's Business License or Corporate Resolution to complete the change request

NOTE: A Funeral Home or Assignment Company MAY NOT BE NAMED as a Beneficiary in the following states: Florida, Georgia, Maryland, Michigan, Montana, New Jersey, Oklahoma, South Dakota, Tennessee, or Texas.

California (CA) Residents – Any person who knowingly presents false and fraudulent information to obtain or amend insurance coverage on an application for insurance, making a change to an existing product, or when notice of a claim is provided to the insurer may be guilty of a criminal offense and subject to penalties under state law.

USA Life Insurance Company, Inc.

SURRENDER OF INSURANCE POLICY FOR CASH VALUE

Name of Policyowner _____

Name of Insured (if different) _____

Policy No. _____

I hereby surrender the above policy in return for its cash value to be paid to me.*

I hereby certify that no proceedings in bankruptcy or insolvency are pending against me; that I am in fact the owner of the policy and am free to make this transaction; that I recognize that this surrender cancels the policy and any death benefit and is effective as of the time I place this in the mail or (if delivered by hand) deliver it to an employee of the Company; that the **Taxpayer Identification Number I have stated below is certified under penalties of perjury**; that I have not been given any advice by the Company as to the tax consequences of this transaction; and that I must rely on my own tax advisor for such advice since certain surrenders can cause taxable events. I also here certify [check one]:

- [X] I do not elect withholding on any amount here received, and I am not subject to backup withholding.
- [ ] I am subject to backup withholding and therefore can not elect out of withholding.
- [ ] I am not subject to backup withholding but I do not elect out of withholding.

_____ Owner's Date of Birth

_____ Taxpayer Identification Number

_____ Signature of Policyowner

_____ Date Signed

_____ Daytime Phone Number of Policyowner

Proof of signature is required (please attach a copy of government issued I.D. card, e.g. driver's license).

Consent: _____
[Signature of Assignee(s) or Irrevocable Beneficiary(ies), if needed]

* Please note we will hold the processing of the surrender until the policy anniversary (if it is within 30 days) unless we are otherwise notified.

P.O. Box 1050, Newark, NJ 07101-1050
1-866-SUSA-123 (1-866-787-2123) • www.susa.com

SBLI USA LIFE INSURANCE SINCE 1939

S.USA Life Insurance Company, Inc.

LOST POLICY OR LOST GROUP CERTIFICATE AFFIDAVIT:

State of _____
County of _____ ss:

Policy or Group Certificate No. _____

Insured _____

I (We) _____ residing at _____ being duly sworn, depose and say that

1. I (We) am (are) the sole owner(s) of the above-numbered policy or group certificate and are alone entitled to exercise the rights thereunder. This affidavit is made to induce S.USA Life Insurance Company, Inc. ("the Company"), to pay the proceeds of said policy to me.

2. The Policy or Group Certificate above is not now in my (our) possession, and I (we) cannot locate it after diligent search. *(Note: The owner(s) must here state details concerning efforts that have been made to locate the policy or certificate.)*

3. In consideration of the payment of said proceeds to me, I hereby agree for myself, heirs, excutors, administrators, and assigns, to idemnify and hold harmless the Company, its successor, assigns officers, agents and employees of and from all claims, demands, judgements, losses or liabilities and expenses whatsoever made against or incurred by them or any of them arising because of the payment of said proceeds to me, and I further agree that if the original policy or certificate should ever be found or should come into my possession, to immediately surrender it to the Company for cancellation.

_____
Signature(s) of Owner(s)

Sworn to before me
this _____ day of _____, 20____ .

(Notary)

S.USA Life Insurance Company, Inc.
P.O. Box 1050, Newark, NJ 07101-1050
1-866-SUSA-123 (1-866-787-2123) • www.susa.com

Form **W-4P**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Periodic Pension or Annuity Payments

Give Form W-4P to the payer of your pension or annuity payments.

OMB No. 1545-0074

2023

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	**(b) Social security number**
Address		
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step and how to elect to have no federal income tax withheld (if permitted).

Step 2: Income From a Job and/or Multiple Pensions/ Annuities (Including a Spouse's Job/ Pension/ Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Reserved for future use.

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-" . . . $

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/ annuities. Otherwise, enter "-0-" . . . . . $

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . . . $

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see page 2.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 $

Multiply the number of other dependents by $500 . . . . . $

Add other credits, such as foreign tax credit and education tax credits $

Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld from **each payment** . **4(c)** $

NO WITHHOLDING

Step 5: Sign Here

Your signature (This form is not valid unless you sign it.) **Date**

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to *www.irs.gov/FormW4P*.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, you should enter the self-employment income in Step 4(a). Then compute your self-employment tax, divide that tax by the number of payments remaining in the year, and include that resulting amount per payment in Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if your self-employment income multiplied by 0.9235 is over $160,200.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2.

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Bob also has a job that pays $25,000 a year. Bob has no other pensions or annuities. Bob will enter $25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has $1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter $26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Carol does not have a job, but she also receives another pension for $25,000 a year (which pays less annually than the $50,000 pension). Carol will enter $25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has $1,000 of interest income, then she will enter $1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Don does not have a job, but he receives another pension for $75,000 a year (which pays more annually than the $50,000 pension). Don will not enter any amounts in Step 2.

If Don also has $1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the $1,000 on the Form W-4P for the higher paying $75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Ann also has a job that pays $25,000 a year and another pension that pays $20,000 a year. Ann will enter $25,000 in Step 2(b)(i), $20,000 in Step 2(b)(ii), and $45,000 in Step 2(b)(iii).

If Ann also has $1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter $26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter $46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. *If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for* ***only*** *the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Specific Instructions *(continued)*

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

1	Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income	**1**	$
2	Enter: • $27,700 if you're married filing jointly or a qualifying surviving spouse • $20,800 if you're head of household • $13,850 if you're single or married filing separately	**2**	$
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	**3**	$
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: • $1,850 if you're single or head of household. • $1,500 if you're married filing separately. • $1,500 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • $3,000 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	**4**	$
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	**5**	$
6	**Add** lines 3 through 5. Enter the result here and in **Step 4(b)** on Form W-4P	**6**	$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
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; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** ▶ | **Date** ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting,* later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the instructions for Part II for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code,* later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships,* earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code,* later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester,* later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/Businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code,* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor[2]
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee[1] The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity[4]
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships,* earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov.* You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint.* You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Visit *www.irs.gov/IdentityTheft* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

REQUEST FOR CASH SURRENDER

District | Agency

SUBMIT REQUESTS TO:
Kemper Life Insurance Services
12115 Lackland Road, Suite 100
St. Louis, MO 63146-4003

District Manager Signature:_____

NOTICE TO POLICYOWNER AND AGENT: All applicable sections of this form must be completed. Incomplete requests may cause a delay in returning any money due.

INSTRUCTIONS

- Complete policy information section – include policy number, name of insured, name of owner, address of owner, Social Security Number of owner, name of Company.
- Policyowner must sign and date form in appropriate section. A second signature may be required if your policy has an assignee or an irrevocable beneficiary.
- District Manager's signature is required.
- Enclose policy or policy certificate or check box if policy has been lost or destroyed.
- A cash surrender request requires the owner's Social Security Number.
- LIFE FUND ONLY: If cash surrender is elected, a check will be issued for the cash surrender value of base policy and complete withdrawal of SPT rider, if applicable. For complete or partial withdrawal from SPT rider only, do not check cash surrender. Check appropriate box under "withdrawal."

Name of Insured (Last, First, M.I.):			10 Digit Policy Number:
Name of Owner (Last, First, M.I.):			Social Security Number:
Current Mailing Address:			Primary Phone:
City:	State:	ZIP:	Alternate Phone/Email:

CASH SURRENDER

(Check one) ☐ Policy is enclosed ☐ Policy was lost/destroyed

☐ Surrender entire policy

☐ Partial surrender (For Reliable policies only - Indicate which phase is to be surrendered:_____)

I want to surrender because: ☐ I am going to get insurance from another insurer ☐ I no longer need this insurance ☐ I cannot afford the insurance
Other – please explain:

I am the owner of this policy and desire to cancel and surrender this policy for its full cash surrender value as of this date in accordance with its terms. I understand that if any part of the proceeds is used to purchase a new policy of insurance with this Company, the new policy will be subject, in most cases, to a new contestable period and initially will not have any cash value.

Withdrawal of Life Fund SPT Rider (United policies only) or Withdrawal of Annuity Benefits on Mutual Savings More Than Life, Money Maker or Money Master policies.

☐ Complete Withdrawal ☐ Partial: I request a partial withdrawal of my fund value in the amount of $ _____

I understand that my coverage under this policy and/or rider terminates as of the date I sign this form. The negotiation of the cash surrender check or the passage of thirty (30) days from the issuance of the check, whichever occurs first, will also terminate any opportunity to cancel the cash surrender request and I will not thereafter be permitted to reinstate this policy and/or rider.

_____ _____

Signature of Policy Owner **Date**

ROYAL NEIGHBORS OF AMERICA®

INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIES℠

230 16th Street • Rock Island, IL 61201
(309) 788-4561 • (800) 627-4762
contact@royalneighbors.org • www.royalneighbors.org

Request for Service Form

Instructions: This form serves as a request and authorization to make a change in your certificate(s) or a change in the office record in accordance with the sections completed below and on the reverse side.

Please complete General Information (1) with every request. The owner's signature is required on the reverse side. If sections other than 1 and 2 are completed, a separate form for each certificate must be completed.

1 General Information - Completion Required

Certificate No._____ Insured name_____ Owner_____
(if other than insured)

Mailing Address_____ ( )_____
P.O. Box Number/Street Telephone Number

_____
City State ZIP

Is this a new address? ❑ Yes ❑ No

2 Surrender of Paid-up Additions and/or Dividend Accumulations (Please complete Section 3.)

I surrender all notices of paid-up additions and/or dividend accumulations for cancellation.

- ❑ I request that a check for the cash value of the paid-up additions be sent to me.
- ❑ I request that a check for the dividend accumulations be sent to me.

3 Change in Dividend Option

I elect that dividends declared, beginning with the next dividend due, be applied as indicated below:

- ❑ Applied to pay premiums
- ❑ Paid in cash
- ❑ Applied to purchase paid-up additions
- ❑ Left on deposit to accumulate at interest
- ❑ Applied to repay a certificate loan
- ❑ Applied as premium payments on FPA Rider

4 Election of Paid-up Privilege

❑ I request that the certificate be continued in force, without payment of any further premiums, as a fully paid-up certificate for its face amount, subject to any existing debt thereon. I also hereby release any existing paid-up additions and dividend accumulations on said certificate.

5 Certificate Loan Agreement

- ❑ I request the maximum loan available.
- ❑ I request a loan in the amount of $_____.

Interest will accrue daily at the per annum rate specified in the certificate. The principal sum, with interest, shall be a lien on the certificate until paid, and shall be subject to the terms and provisions of the certificate. If the total debt ever equals or exceeds the loan value, the certificate shall terminate and be void as specified in the certificate. If the certificate shall become extended term insurance, the then existing debt shall be adjusted as provided in the certificate or according to the Society's practice if the certificate does not contain such provision.

I hereby certify that no petition in bankruptcy has been filed or is pending against me.

6 Cash Surrender or Withdrawal

If the certificate is surrendered or the entire amount is withdrawn, the amount is accepted by me in full settlement and complete satisfaction of all rights, claims and demands under the certificate. I certify that I have not assigned or pledged the certificate or any rider attached thereto for any purpose whatsoever, and that no bankruptcy proceedings are pending against me. The certificate must be sent with this form as indicated below. If the certificate is lost or destroyed, complete Section 8.

A) Traditional Life Insurance Certificate

❑ I hereby surrender the certificate together with all riders and dividends. (Certificate must be returned)
If the certificate contains a Flexible Premium Annuity Rider, please read and complete Section 7.

B) A Universal Life Insurance Certificate Withdrawal

I hereby elect to withdraw all or part of the contract value of the certificate as indicated below. I understand the amount withdrawn may be subject to a surrender charge as provided in the certificate, and a withdrawal charge or a service fee, as may be provided in the certificate, will be deducted from each partial withdrawal before payment is made.

❑ Full Withdrawal **(Certificate will be terminated if full amount is withdrawn.)**
❑ Partial Withdrawal of $_____. (Subject to any minimum withdrawal requirements. A withdrawal may reduce face amount.)

C) Annuity Withdrawal (Please read and complete Section 7 regarding income tax withholding on annuity withdrawals.)

I hereby elect to withdraw all or part of the cash value of the certificate or rider as indicated below. subject to any withdrawal charges as provided in the certificate or rider.

Type of Annuity Certificate or Rider	Type of Withdrawal
❑ Flexible Premium Annuity (FPA) certificate	❑ Full Withdrawal (Certificate must be returned if FPA or SPA certificate. A rider or certificate is canceled upon full withdrawal.)
❑ Single Premium Annuity (SPA) certificate	
❑ Flexible Premium Annuity (FPA) rider	❑ Partial Withdrawal of $_____. (subject to any minimum withdrawal requirements)

7 Notice of Withholding on Withdrawals from Annuities

Please check only **one** of the boxes below.

❑ I elect not to have Federal income tax withheld from the taxable portion of the distribution. (You may not check this box if the IRS has notified you that you are subject to back-up withholding.)
❑ I elect to have _____% Federal income tax withheld from the taxable portion of the distribution. (Cannot be less than 10%)

Note: A 10% penalty may be assessed by the IRS on the taxable amount withdrawn from an annuity before the age of 59½. Please consult your tax advisor if you have any questions.

8 Lost or Destroyed Certificate

❑ I state that the certificate has been either lost or destroyed and that I have no knowledge as to its whereabouts; that the certificate consequently cannot be returned to the Society; that the certificate has not been sold, transferred, assigned or pledged by me, or by anyone with authority representing me, to any person or persons, corporation or firm whatsoever, and that no person or persons, corporation or firm, except me, has any right, title or interest in the certificate, or any benefits therein promised by the Society. I hereby waive all rights in the lost or destroyed certificate, and agree that if the lost or destroyed certificate ever shall be found by me or come into my possession, I will promptly return it to the Society.

9 Certification of Social Security Number

Under penalty of perjury, I certify the following:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
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, and
3. I am a U.S. citizen or other U.S. person

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. The IRS does not require your consent to any part of this form other than the certifications required to avoid backup withholding.

10 Signature of Owner–Completion Required

_____ _____
Date Social Security Number (Please read Section 9)

_____ _____
Signature of Witness Signature of Owner

I hereby agree to the above request and waive any community property or Uniform Marital Property Act (UMPA) rights, as applicable, that I may have in the subject of this request. If the spousal consent is not signed the above signature is certification that no spousal consent is required.

Signature of Spouse of Certificateowner:_____ (Required for residents of AZ, CA, ID, LA, NM, NV, TX, WA, WI)

SBLI

Policy Surrender Request

Policy Numbers: _____

Name of Insured: _____

Name of Policyholder(s): _____
(if other than Insured)

Terms of Agreement

Policy dividends and interest are payable only on the policy anniversary. If the request is received within 30 days of the anniversary and there is a dividend that will be paid, we will hold the request until the anniversary to avoid loss of dividends and/or interest, unless you specifically request otherwise.

If you are requesting immediate surrender, check the box below.

☐ I hereby request the immediate surrender upon receipt of my request.

I hereby request that the Cash Surrender Value of each said policy be paid. From this amount, any indebtedness on account of each policy is to be deducted. Each listed policy is hereby surrendered together with all my right, title and interest and shall constitute full settlement on account of said policy(ies). The policy does not need to be returned, please destroy.

Withholding Election

Please see attached "Income Tax Information and Election" page. If no election is indicated, a minimum of 10% Federal tax plus any applicable State requirement will be withheld.

Withhold Federal Taxes: ☐ Yes ☐ No
If yes, specify percentage (minimum 10%) or amount: _____% or $_____

Withhold State Taxes*: ☐ Yes ☐ No
If yes, specify percentage or amount: _____% or $_____ (Percent or amount required)

* State withholding is not available in the following states: AK, AL, AZ, CO, DC, DE, FL, HI, ID, IL, KY, LA, MN, MS, ND, NH, NV, OH, PA, RI, SC, SD, TN, TX, WA, WV, WY

Authorized Signatures

Under the penalties of perjury, I certify that the number shown below is my Taxpayer Identification Number (TIN)/ Social Security Number (SSN) and that I am not subject to backup withholding.

If the policy is currently under collateral assignment, the Assignee must sign below; otherwise, the Policyowner must sign.

Policyowner's SSN/TIN Number: _____

Signature of Policyowner/Assignee: X_____ Date: _____

If the Beneficiary has been designated "without power of revocation", the Beneficiary must sign below:

Irrevocable Beneficiary: X_____ Date: _____

Return completed form to:

records@SBLI.com
SBLI, PO Box 4046, Woburn, MA 01888

Income Tax Information and Election

Federal Withholding

Federal tax laws impose withholding requirements with respect to life insurance and annuity distributions including withdrawals, surrenders, assignments and policy loans, which are considered taxable distributions. We will withhold federal income tax at the rate of 10% from your distribution *unless you elect not to have withholding apply*.

State Withholding

In addition to federal income tax withholding requirements, some states have requirements regarding withholding of state income taxes. In most cases, you may elect *not to have withholding apply*. We will withhold state income tax when state law requires and at the rate specified by statute.

Even if you elect not to have federal and state income taxes withheld, you are liable for payment of taxes on the taxable portion of your distributions. You also may be subject to penalties under the estimated tax payment rules if your payments of estimated tax withholding are not adequate. Please consult with your tax advisor if you have questions.

Other State Withholding Information

Mandatory Withholding: We will withhold state income tax when federal income tax is withheld in the following states: IA, KS, MA, NE, OK, VA. If federal income tax is not withheld in these states, state income tax withholding is voluntary.

Mandatory Withholding with Opt Out Provision: We will withhold state income tax when federal income tax is withheld in the following states unless the person elects otherwise: AR, CA, ME, MI, NC, OR, VT.

Voluntary Withholding: We will withhold state income tax in the following states if we are instructed to do so: CT, GA, IN, MD, MO, MT, NJ, NM, NY, UT, WI.

State income tax withholding is not required and we will not withhold state income tax in the following states: AK, AL, AZ, CO, DC, DE, FL, HI, ID, IL, KY, LA, MN, MS, ND, NH, NV, OH, PA, RI, SC, SD, TN, TX, WA, WV, WY.

Please consult with your tax advisor if you have questions.

State Farm Life Insurance Company
(Not licensed in MA, NY or WI)
State Farm Life and Accident Assurance Company
(Licensed in NY and WI)
1 State Farm Plaza, Bloomington, IL 61710-0001

Cash Surrender/Termination Request

Policy number

Owner 1 name

Phone number ○ Cell ○ Home

Owner 2 name (if applicable)

Phone number ○ Cell ○ Home

Insured/Annuitant name

Complete this form to request a cash surrender or termination of your State Farm® life insurance policy, annuity policy, or supplementary contract (not available on all contract types). For TSA requests, use the Tax Sheltered Annuity Distribution Request form. If your Corporate Retirement Plan is serviced through Ascensus, contact Ascensus for their paperwork. If your policy is a Keogh or a Corporate Retirement Plan not serviced by Ascensus, submit the Waiver of Qualified Joint and Survivor Annuity form in addition to this form.

WHAT YOU SHOULD KNOW

Please talk with your agent to better understand the features and possible outcomes of this request.

- **A requested surrender cannot be reinstated.**
- Complete the Important Notice of Withholding and Election section of this form. **Federal and state (where applicable) income tax withholding on the taxable amount may apply, unless you elect out of withholding. Once processed, withholding cannot be changed.**
- **Any tax reportable amounts realized at the time values are released cannot be changed.**
- When the policy is surrendered, any outstanding loan balance and accrued interest is deducted from the policy proceeds.
- **It is not usually in the policy owner's best interest to surrender:**
  - A policy on which premiums are being waived due to disability of the insured or death of the payor.
  - A policy that will become fully paid-up at the next policy anniversary.
  - A Paid-Up Dependent policy (paid-up term insurance on a spouse or children).
  - You may wish to consult a financial or tax advisor for additional questions.

In addition, the following apply to Fixed and Variable Annuity products only:

- A surrender charge and/or market value adjustment may be applicable and could impact the surrender value amount.
- Policy gains for all non-tax qualified annuities you own that were issued in the same year are required to be aggregated to determine tax reporting.
- If you are subject to taxation and are less than age 59½, the gain may be subject to a 10% IRS penalty assessed at the time your tax return is filed.
- You may elect out of withholding to avoid having income taxes withheld for a Roth Individual Retirement Arrangement (IRA) non-qualified distribution. Withholding does not apply to Roth IRA qualified distributions when a policy has been in force for five or more years and one of the following has occurred:
  - Over age 59½
  - Death or disability
  - Qualified first-time home purchase

If there are differences between this disclosure and the policy, the terms of the policy will prevail.

Signature(s) on following page(s)

By signing this form, you are choosing to surrender or terminate your policy/contract and pay all cash surrender/termination values to you. When a surrender or termination is processed as a result of a request from the policy owner, the policy/ contract cannot be reinstated. Any requirement to return the policy with the surrender/termination request is waived.

PAYMENT METHOD

A check is the automatic option if no option is selected.

- [x] Check
- [ ] Electronic Funds Transfer to a bank account not on file. Please fill out the Electronic Funds Transfer to Bank Account form and attach to this request.
- [ ] If you have received a disbursement as an Electronic Funds Transfer in the past, and want to send the funds to the same bank account, complete the bank information below:

Account number: _____

Name(s) on account: _____

Routing number: _____

IMPORTANT NOTICE OF WITHHOLDING AND ELECTION

Substitute Form W-4P/OMB No. 1545-0074 - The taxable portion of proceeds may be subject to federal and state (if applicable) income tax withholding. If we do not have your Taxpayer Identification Number (TIN), withholding will occur. By your election, you may be responsible for payment of estimated taxes; and there may be tax penalties if your withholding and estimated payments are not sufficient. Your withholding election is final and cannot be changed after the transaction is processed.

Federal Income Tax Withholding - If you have provided your TIN, you may choose not to have federal withholding apply by checking the proper option below. If an option box is not checked or if we do not have your TIN, federal tax will be withheld at a rate of 10% as required by law. Corporate policies (without an owner) and Keogh distributions require mandatory 20% federal withholding for any amounts greater than Required Minimum Distribution (RMD). A percentage greater than 20% may be requested.

- [x] I do not want federal income tax withheld.
- [ ] Withhold federal income tax at a rate of _____ % (not less than 10%).
- [ ] Withhold federal income tax of $ _____ in addition to the base withholding of 10%.

State Income Tax Withholding – We will only withhold if you live in a state requiring us to do so. We will withhold at least the minimum amount required by your state. Please indicate below if you would like us to withhold more than the minimum amount.

- [x] I do not want state income tax withheld. I understand this election will not apply in states that do not permit persons to elect out of withholding.
- [ ] Withhold my state's minimum required percentage. If you live in a state that does not specify a minimum required percentage, we will not withhold.
- [ ] Withhold state tax of $ _____. I understand that I cannot request withholding in an amount less than my state's minimum amount.

EXPLANATIONS

Use the space below to provide additional details. Additional forms and/or information may be needed.

SIGNATURES

By signing below, I authorize and direct State Farm to initiate and process this request.

Owner 1 signature _____ Date (mm/dd/yyyy) _____ SIGNATURE

Owner 2 signature (if applicable) _____ Date (mm/dd/yyyy) _____ SIGNATURE

Agent stamp _____ Agent signature as witness (not required) _____ Date (mm/dd/yyyy) _____ SIGNATURE

SUBMISSION – All pages of the request form must be submitted.

Submit the completed and signed form to your State Farm agent or State Farm:

Fixed Annuity:
Annuities Operation Center, P.O. Box 2380, Bloomington, IL 61702-2380 or fax to 740-364-4581. For policies purchased in NY or WI, fax to 740-364-4582.

Life Insurance Policy:
Life Operation Center, P.O. Box 2364, Bloomington, IL 61702-2364 or fax to 740-364-4576. For policies purchased in NY or WI, fax to 740-364-4577.

Supplementary Contract:
Annuity/Supplementary Contract, P.O. Box 2380, Bloomington, IL 61702-2380 or fax to 855-839-3464. For policies issued in NY or WI, fax to 855-258-4610.

Variable Life and Annuity Products:
Variable Operation Center, P.O. Box 2307, Bloomington, IL 61702-2307 or fax to 855-363-7052. For policies purchased in NY or WI, fax to 855-618-8528.

TEXASLIFE INSURANCE COMPANY

REQUEST FOR CASH SURRENDER

Contract Number: _____

Insured Name: _____

INSTRUCTIONS: Use this form to request a full surrender and termination of your life insurance contract with the Company. The owner of this contract assigns the contract to the Company and acknowledges that any loan on this contract is a first lien and shall be deducted from the Cash Value. The owner declares that there are no proceedings of insolvency or bankruptcy against him or her and that no other person, firm or corporation has any interest in said contract except the owner. To process your request the Company must receive BOTH pages of this form in our office and the form must be satisfactorily completed. The Company will accept the form by fax, mail, or email. See **'How To Submit This Form'** on Page 2.

ABOUT THE CONTRACT OWNER:

If Individual:

Owner Name _____ Owner Social Security Number _____

Phone Number _____ E-Mail Address _____

If Trust or Business Entity:

Print Full Name of Trust/Business Entity _____ Date Trust Executed (mm/dd/yyyy) _____

Tax ID No. of Trust/Business Entity _____ Phone Number _____ E-Mail Address _____

Contact Person - Full Name _____ Title _____

Full surrender, termination and payment

I request a full surrender and termination of the life insurance contract listed above and request payment of the proceeds.

Please provide the address where your check should be mailed:

Street Address _____ City _____ State _____ Zip _____

Should we use this address for all future correspondence with you? ☐ Yes ☐ No

Lost Contract Statement:

If the original contract is not enclosed with this request, the owner of this contract certifies the above contract has been lost or destroyed and agrees to return the original contract to the Company, without claim, should it be found.

About Income Tax Withholding

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. Some 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 your payment even if we do not withhold taxes. In making your decision about withholding taxes, you should consider that penalties under the estimated income tax rules may apply if your withholding and estimated income tax payments are not sufficient.

Please Check One: ☐ **Withhold** ☐ **Do Not Withhold**

(This choice is void if we do not have your Social Security Number or Tax ID Number)

06I186 R06/20 **Both pages of this form must be returned**

CERTIFICATION:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and;
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, and;

(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)

3. I am a U.S. Citizen or other U.S. person, and;
4. I am not subject to Foreign Account Tax Compliance Act (FATCA) reporting because I am a U.S. person and the account is located within the United States.

(If you are not a U.S. Citizen or other U.S. person, for tax purposes, please cross out the last two certifications and complete appropriate IRS documentation.)

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

Florida Residents - Review the statement below and check if applicable:

☐ Check this box if your insurance agent recommended (advised) you to surrender your life insurance contract and the surrender proceeds will NOT be used to fund or purchase another life insurance contract or annuity contract.

- The state of Florida requires that we first provide you with important disclosure information.
- We are unable to send your surrender proceeds via EFT or wire. We will promptly send you a check.
- Provide an E-Mail address or fax number in the space provided below so we can send the important disclosure information to you.

E-Mail Address _____ Fax Number _____

SIGNATURE(S):

The request for cash surrender must be dated current. The signature of the contract owner must be written exactly as the name appears in the contract or any subsequent endorsements to the contract.

If Individual:

Signature of Contract Owner _____ Date _____

If Trust or Business Entity:

Authorized Signature _____ Date _____

Please Print Full Name _____ Title _____

HOW TO SUBMIT THIS FORM:

MAIL:

Texas Life
P. O. Box 830
Waco, TX 76703-0830

FAX:

254-745-6393

E-MAIL:

customerservice@texaslife.com

Both pages of this form must be returned

TRANSAMERICA®

Transamerica Life Insurance Company
Home Office: 6400 C Street SW, Cedar Rapids, IA 52499

Withdrawal/Surrender Request

SECTION 1. Policy Information (Fill out all information in this section)

☐ Check if Insured and Owner are the same.

Policy/Certificate # _____

Insured Name _____

Insured Street Address _____

Insured City, State and Zip _____

Policy Owner Name _____

Policy Owner Address _____

Policy Owner City, State and Zip _____

Policy Owner Email Address _____

Special Instructions: _____

Is this a new policy owner address? ☐ Yes ☐ No

For variable policies: When an address change is completed within a 10 day period of a surrender request, the Company will hold mailing the payment for 10 business days.

SECTION 2. Withdrawal/Surrender (Select only one)

Withdrawal Options:

Distributions May Be Subject To Identity Verification

To help ensure the security of your account and funds, once your distribution request is received, the Company may be obtaining a consumer report from a consumer reporting agency ("CRA") to help verify the validity and accuracy of the account information provided.

I authorize the Company to obtain a consumer report from a CRA as described above, and acknowledge that I: (i) have read the explanation above; (ii) understand that in order for the CRA to verify my account information, some of my personal information will be shared with the CRA in the strictest confidence and as permitted by law and will be retained and used by the CRA only as permitted by law; and (iii) consent to such sharing, retention and use.

☐ Amount of Withdrawal: $_____ ☐ Net Amount or ☐ Gross Amount

☐ Withdrawal from side fund or deposit fund $_____ from _____

☐ Withdrawal/Partial Surrender to pay premiums for policy # _____ due date ____ /____ /____

Surrender Options:

☐ Request termination of policy/certificate
Once your policy is surrendered, please destroy your policy as it is of no further value. All claims and rights under the contract are forfeited at time of surrender.

☐ Request surrender of a rider only _____

Special Instructions: _____

Please send disbursement: (Please select only one option)

☐ Regular Mail ☐ Overnight ($20 fee for weekdays, $30 fee for weekends) Wire ($50 fee, Bank Information is required)

Bank Name | Bank Address

Bank Phone Number | Bank Routing Number | Bank Account Number

Name on Bank Account

SECTION 3. Federal Income Tax Withholding - (Refer to Notice to all Policy Owners)

☐ I elect to have no Federal Income Tax withheld from the taxable portion of the proceeds. (If Federal withholding is elected and your state also requires it, state withholding will be deducted.)
Unless specifically indicated, I have elected to have withholding apply. Any gain included in the distribution if the life insurance policy is considered a MEC may be subject to a 10% federal tax penalty if I am not 59 1/2.

Unless we have been notified of a community or marital property interest in this policy, we will rely on our good faith belief that no such interest exists and will assume no responsibility for inquiry. I further agree to indemnify and protect the existing Insurer from any claim which may be asserted against it under the existing Policy or for any losses, injuries or expenses it may incur as a result of honoring this Agreement. The indemnification shall be binding on my heirs, executors, administrator, successors and assigns.

I certify that I am the Policy Owner and that all information provided by me is correct. I also certify that all decisions regarding this distribution have been made by me, and that no tax advice has been furnished by the Company. I acknowledge that I am personally responsible for any taxes and penalties that may result from this distribution and I release the Company from any responsibility or liability thereof. By signing this form I acknowledge that I have read the information on this form, and that I understand any distributions requested will be subject to applicable policy penalties. I understand that failure to provide the Company with my correct name and Taxpayer Identification Number will result in the Company having to ignore my election out of income tax withholding.

FEDERAL INCOME TAX WITHHOLDING INFORMATION: INTEREST ON DIVIDENDS ON DEPOSIT
Purpose of Statement: A person or payer who is required to file an information return with the IRS must get your correct Taxpayer Identification Number (TIN) to report income paid to you. Giving your correct TIN and making the appropriate certifications will pre-vent certain payments from being subject to backup withholding. If you do not certify to your TIN, the payer may be required to withhold the currently applicable percentage of payments to you.

What is Backup Withholding: Persons or payers making certain payments to you must withhold and pay to the IRS the currently applicable percentage of such payments under certain conditions. This si called "backup withholding." Payments you recieve will be sucject to backup withholding if:

(1) IRS notifies the payer that you furnished an incorrect TIN, or
(2) You are notified by IRS that you are subject to backup withholding because you failed to report all your interest and dividends on your tax return (for interest and dividend accounts only,) or
(3) You fail to certify to the payer that you are not subject to backup withholding under (3) above (for interest and dividend accounts opened after 1983 only), or
(4) You fail to certify TIN.

WHEN REQUESTING WITHDRAWAL OR SURRENDER, PLEASE READ THE FOLLOWING:
You have the option to elect to have no Federal Income Tax withheld from the taxable portion of the distribution. However, if you elect not to have withholding apply 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 tax rules if your withholding and estimated tax payments are not sufficient.
Withholding will apply only to the taxable portion of your distribution. Therefore, tax liability may be calculated on a figure other than the full amount of any distribution. The Company does not provide tax or legal advice. We recommend that you seek advice from a qualified advisor.
If you, the policy owner, are a resident of a state that requires income tax withholding, you are electing not to have amounts withheld for state income taxes when you elect not to have federal income taxes withheld. If state income tax withholding applies, we will withhold the amount required by your state. No election out of withholding may be made for any payment made outside the U.S. unless the payee certifies that he is not a US citizen or US resident alien. 30% must be withheld from the taxable portion of any payment made to non-US citizen or a non-resident alien unless a lower rate is available under a treaty of the United States of America with such person's country. If you qualify for reduced withholding, please file a Form W-8.

WHEN REQUESTING A DISTRIBUTION, PLEASE READ THE FOLLOWING:

A full or partial surrender of a life insurance policy or a loan or other distribution from a life policy that is classified as a Modified Endowment Contract (MEC) for federal income tax purposes is subject to a federal tax penalty under Section 72(v) equal to 10% of any gain in the distribution or loan unless the policy owner is at least 59 1/2 or is disabled. Any distribution or loan from a MEC is considered first to be from gain in the contract and taxable and then a non-taxable recovery of investment or basis in the contract. Please consult with and rely on your tax advisor for any tax advice.

The taxable portion of your distribution is subject to federal (and applicable state) income tax withholding. Alternatively, you may elect to not have federal income tax withheld. If you elect not to withhold taxes from a taxable distribution you may be responsible for payment of estimated tax. You may incur penal- ties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

If you, the policy owner, are a resident of a state that requires income tax withholding, you are electing not to have amounts withheld for state income taxes when you elect not to have federal income taxes withheld. If state income tax withholding applies, we will withhold the amount required by your state. The undersigned certifies that; (1) the Policy is not subject to any Lien, assignment, or legal claim by any person or organization who is not a party to this agreement; and (2) that he/she/it is not involved in pending bankruptcy proceedings.

SECTION 4. Signatures

A printed name will not be accepted, please sign with a signature. Please complete all applicable fields - refer to requirements on page 4. Before signing this form please read the Notice to all Policy Owners enclosure that could affect the financial transaction(s).

For residents of **California**: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of loss is guilty of a crime and may be subject to fines and confinement in state prison.

Owner Signature Title (for Trust or Corporation)	Date Signed
Social Security Number/Tax ID Number Date of Birth	
Joint Owner Signature (if applicable)	Date Signed
Joint Owner Social Security Number/Tax ID Number Date of Birth	
Assignee Signature (if applicable) Title	Date Signed
Irrevocable Beneficiary Signature (if applicable)	Date Signed

*Under penalties of perjury, I certify:

1) that the number shown on this form is my correct taxpayer identification number, and
2) that I am not subject to backup withholding because
   a. I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
   b. the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and
3) I am a U.S. citizen or U.S. resident for tax purposes

WE WILL NEED: Medallion Signature Guarantee (Variable Life Insurance) or Notary Public Stamp (Fixed Life Insurance) for any withdrawals or surrenders $250,000 or above.

State of _____ On this ____ day of _____ (month/year), before me personally

County of _____ appeared , and executed the foregoing _____
(name of signer)

(Seal)

instrument and acknowledged it to be his/her/its free act and deed.

_____
Notary Public

My Commission Expires _____

If a Medallion Signature Guarantee stamp is required, when faxing please photocopy the Withdrawal/Surrender Form in black and white prior to faxing it since the original green ink may not be visible when faxed.

SIGNATURE REQUIREMENTS

Individual Owners – Must sign this form on the line provided as owner and provide date of birth.

Partnerships – Two authorized partners must sign below the name of the partnership, the title 'partner' must follow each signature.

Corporation is owner – One officer other than the insured or owner must sign below the name of the corporation. The officer's title must follow the signature. A corporate signature is required to support any signature. An entity form or corporate resolution is required.

Trust is the owner – The Trustee must sign using the following layout as an example, "John Doe, trustee under XYZ trust dated June, 1, 1999".

Power of Attorney – The Power of Attorney must sign using the following layout as an example, "John Doe, POA".

Guardian or Conservator or agent acting under power of attorney – the signature of the guardian/conservator or agent acting under a power of attorney must sign on behalf of the owner. Paperwork received from the court should be provided as proof if not already on file with the insurance company.

Beneficiary – Any irrevocable beneficiary must sign this form for a withdrawal request.

Assignee – If the policy has been assigned as collateral security, the assignee must sign this Withdrawal request. If the assignee is a business, an officer of the assignee must sign and include the officer's title (please sign and print).

Trinity Life Insurance Company
ADMINISTRATIVE OFFICE
PO BOX 5205 • FRANKFORT, KY 40602-5205
Phone: (866) 440-1357 • Fax: (502) 875-7084

Dear Valued Policyholder:

You have recently contacted our office or visited our website for information about cash surrendering your policy. Before completing the surrender process, please review the following frequently asked questions. Please refer to your policy or call our Customer Service Department at 866-440-1357 for specific information regarding your policy.

What does cash surrender value mean? This is the sum of money that will be paid to the owner if they choose to terminate their policy. The cash value or surrender value is the amount of savings accumulated by the policy. The cash value is not the same as, and is less than the benefit that would be paid upon death. Please refer to the cash value table in your policy for a more detailed illustration or contact a Customer Service Representative.

Is there a charge to cash surrender a policy? There is a charge for surrendering some types of policies. This surrender charge will be deducted from the cash value paid to the owner.

Will unpaid loan balances be deducted from the cash surrender value? Yes, any out-standing loans and interest due will be deducted from the cash value paid to the owner.

Do I have to pay taxes on cash surrenders? You must pay ordinary income tax on any cash value gains you receive. You should contact your tax consultant on any tax matters. If you surrender the policy and there is a taxable amount, you will receive a 1099 from Trinity by the end of January the following year.

If I cash surrender a policy, can I get another life insurance policy in the future? You may or may not be able to qualify for certain types of insurance in the future because qualification is based on factors such as age and health. Also, insurance premiums are based on age and therefore a new policy payment may be higher than your current payment. This policy may not be reactivated after if it is cash surrendered.

Are there options to keep my policy in force without cash surrendering? Policies have different options, please read your policy or contact a Customer Service Representative to determine options available to you. There may be options that allow you to stop paying premiums by using the cash value to change your coverage.

We value you as our policyholder and we encourage you to contact a Customer Service Representative at 866-440-1357 with any questions you have.

Trinity Life Insurance Company
ADMINISTRATIVE OFFICE
PO BOX 5205 • FRANKFORT, KY 40602-5205
Phone: (866) 440-1357 • Fax: (502) 875-7084

REQUEST FOR CASH SURRENDER VALUE

In consideration of and exchange for the cash value of policy number _____ issued on the life of _____
I hereby surrender said policy for cancellation which shall be effective on the date that this properly executed form is received at the home office.

In accordance with the terms of the policy, it is hereby agreed that any indebtedness thereon to Trinity Life Insurance Company, its successors and assigns, will be deducted from the cash value and such cash value is accepted in full settlement and complete satisfaction of all rights, claims, and demands under the policy.

It is expressly represented and warranted that no other person, firm, corporation or other entity has any interest in the policy except the undersigned and that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned.

POLICY IS ENCLOSED? ☐ **Yes**
POLICY IS LOST? ☐ **Yes** I hereby certify that the policy has been lost or destroyed and I have no knowledge as to its whereabouts.

Signed at: _____ (CITY) , _____ (STATE)
Date Signed: _____

☐ **Check if your address has been changed**
Owner's social security number is: _____ Date of Birth: _____

X _____ (Owner's Name (printed))
X _____ (Owner's Signature)

_____ (Owner's Street Address) _____ (City) _____ (State) _____ (Zip Code)

_____ (Owner's email address)
( ) _____ (Day time phone: ☐ Home ☐ Cell ☐ Work)

X _____
SPOUSE'S SIGNATURE-IF SPOUSE IS NOT CO-OWNER (REQUIRED IN COMMUNITY PROPERTY STATES – CURRENTLY AZ, CA, ID, LA, NM, NV, TX, WA AND WI)

☐ **Check if Co-Owner's address has changed**
Co-Owner's social security number is: N/A Date of Birth: N/A

X N/A (Co-Owner's Name (printed))
X _____ (Co-Owner's Signature)

N/A (Co-Owner's Street Address) _____ (City) _____ (State) _____ (Zip Code)

N/A (Co-Owner's email address)
( ) _____ (Day time phone: ☐ Home ☐ Cell ☐ Work)

X _____
SPOUSE'S SIGNATURE-IF SPOUSE IS NOT OWNER (REQUIRED IN COMMUNITY PROPERTY STATES – CURRENTLY AZ, CA, ID, LA, NM, NV, TX, WA AND WI)

MERCER
A MARSH BUSINESS

Owner Transaction Request Instruction Form
Group Universal Life
Administered by Mercer Health & Benefits Administration LLC

PO Box 9122
Des Moines, IA 50306-9122
Fax Number: 515-365-1520

Instructions: This form must be completed to request a withdrawal, surrender (cancel), or loan from your certificate. Please follow these steps:

- Read each section before completing this form.
- **Complete sections 1 through 5.** Please print using black or blue ink.
- **Section 4 and 5 must be completed** or we may be required to withhold taxes.
- **Sign and date** your request in **section 6** or the form will be returned. It **MUST** be a handwritten signature.
- If your certificate is currently assigned, the assignee or trustee must complete all sections of this form.
- Return the completed form to Mercer at the address above or you may fax it to **515-365-1520**.

Important Tax Information: This information will help you complete sections 4 and 5, which are required by the Internal Revenue Service. Please read it carefully. Mercer and its representatives cannot give tax or legal advice. Mercer generally must report to its certificate owners all payments of taxable income on Internal Revenue Form 1099. These payments include certificate disbursements to the extent a taxable gain is distributed. If the certificate is classified as a modified endowment contract (MEC), it is taxed on an income-first basis, meaning that all gain in the certificate is distributed first, followed by recovered basis. For additional information, you can reference the Internal Revenue Service website at www.irs.gov.

Tax Withholding Election: Federal and State tax laws require us to withhold income taxes from certain cash payments. If you sign and date this form, but do not make an election in section 4 or 5, Mercer will be required to withhold federal income taxes of 10% of the taxable amount of the distribution. You must check the appropriate box in section 4 if you do not want to have federal income taxes withheld. You are responsible for paying income tax on the taxable portion of your payment even if we do not withhold taxes. You must check the appropriate box in section 5 to certify your Taxpayer Identification Number (TIN). You will be liable for any federal income taxes. If you request a check to be mailed to an address outside of the U.S. or its territories, you cannot opt out of withholding unless you provide evidence of your citizenship as described below and elect treaty benefits, as applicable. Note: Your transaction may also be subject to State withholding taxes in certain states. If your resident state requires mandatory withholding, we will withhold the default amount your State requires even if you elect no withholding.

Estimated tax and possible penalties: If you elect to have no income tax withheld from your withdrawal or if you do not have enough income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties if your withholding and estimated tax payments are not sufficient. You may be subject to penalties if you fail to provide your correct Taxpayer Identification Number, fail to report taxable interest or dividends on your tax return, or give false tax information. You may be subject to a 10% additional tax if you are under the age of 59 ½ and you take a taxable distribution from a MEC.

Tax Certification:
Citizenship: You must indicate if you are not a U.S. citizen or resident alien. In that case, you must state the country of which you are a citizen and submit an applicable IRS Form W-8 (BEN, BEN-E, ECI, EXP, IMY). In most instances, Form W-8BEN will be the appropriate form.

Backup withholding: You must tell us if the IRS has notified you that you are subject to backup withholding because you did not report all your taxable interest and dividends on your tax return. **You are not subject to backup withholding if either (a) you did not receive such a notice from the IRS, (b) the IRS recently told you that you are no longer subject to a backup withholding order, or (c) you are exempt from such withholding.**

Taxpayer Identification Number and Date of Birth: You must include your Tax Identification Number (TIN) and Date of Birth. In general, the TIN for the certificate is:

- Your Social Security Number (SSN) if you are an individual or the owner of a sole proprietorship.
- The Employee Identification Number (EIN) if you represent a trust, estate, corporation, partnership, or tax-exempt organization. If the trust is a grantor trust that uses the grantor's SSN, please provide the grantor's SSN.

FATCA Reporting: You must tell us if you are subject to FATCA reporting.

MERCER
A MARSH BUSINESS

Owner Transaction Request Instruction Form
Group Universal Life
Please print using black or blue ink

PO Box 9122
Des Moines, IA 50306-9122
Fax Number: 515-365-1520

1 Owner's Information

Owner's Last Name	Owner's First Name	Owner's Middle Initial
Owner's Mailing Address		Owner's Phone Number
City	State	ZIP Code
Owner's SSN/TIN	Employer Name	

Is ownership of insurance currently assigned? ☐ YES ☐ NO
(If "YES", the assignee must complete section 2 of this form and sign as owner. Note this form cannot be used to assign ownership. Contact Mercer for an Assignment form, if needed.)

2 Assignee's Information *(if applicable)*

Last Name	First Name	Middle Initial	SSN/TIN
Name of Estate or Trust			
Mailing Address			
City	State	ZIP Code	Phone Number

3 Transaction Request

Complete section A, B or C, as applicable.

You will need the certificate number ***(found on your bill, annual statement, or certificate)*** *to identify which policy you are making the request for.*

Employee Certificate _____ **and/or Spouse Certificate** _____

☐ Please overnight the check to me. I understand the fee will be deducted from my Cash Value account. A PO Box cannot be used for overnight mail.

If choosing option B, do NOT fill out section A

A. Withdraw from cash value *(select all applicable boxes)*
☐ Employee: Amount of withdrawal $_____ or ☐ Maximum available
☐ Spouse: Amount of withdrawal $_____ or ☐ Maximum available

B. Cancel/Surrender of coverage *(select all applicable boxes)*
☐ Employee
☐ Spouse
☐ Child Rider – Date last child ineligible per certificate of insurance _____*
*__Note:__ If the refund amount is less than $25, any return of premium will be credited to your cash value account.

The above coverage is hereby surrendered for payment of its cash value, in surrendering this certificate, it is understood that all rights, privileges and benefits under said certificate, except the right to receive the amount of cash surrender value, are hereby cancelled. A surrender fee may be applicable. Please refer to the "SURRENDER" provision in your GUL certificate of insurance.

C. Loan Request from cash value account *(select all applicable boxes)*
☐ Employee: Amount of loan $_____ or ☐ Maximum available
☐ Spouse: Amount of loan $_____ or ☐ Maximum available

>>> Continue

Important information regarding certificate loan provisions:

- **Prior to requesting a loan, please consult your tax advisor to review the benefits, if any, of a loan over a withdrawal.**
- Minimum loan amount and frequency may apply, please refer to the "LOAN" provisions in your GUL certificate of insurance.
- If you choose not to make annual interest due payments, the loan principal will be increased by the unpaid interest, and additional cash value will be designated as collateral for the increase. This process is called loan capitalization. Continued capitalization of your certificate could result in insufficient cash value to cover the cost of insurance.
- Any disbursement in excess of cost basis (total premiums paid less any previous tax-free withdrawals) may be subject to taxation.
- Any loans that remain unpaid when the certificate is surrendered while the insured is alive will be taxed immediately to the extent of gain in the policy.

4 Income Tax Withholding Election

Notice and Election of Income Tax Withholding on Distributions

Complete this section. Mercer will withhold default 10% federal income taxes and any mandatory state income taxes, if applicable. You may choose to elect out of withholding below. Otherwise, for any other federal tax withholding election, you must submit IRS Form W-4R with this form. This form can be located by searching Forms, Instructions, and Publications at www.irs.gov/forms-instructions. Please note, for distributions from a life insurance certificate only earnings are subject to any applicable income tax withholding as requested below.

Federal withholding *(Please select only one box):*

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

If applicable, you may be subject to state tax withholding.

5 Tax Identification Number Certification *(This section is required to disburse funds)*

Taxpayer Identification Number (TIN) Certification

_____

First Name of Employee or Assignee MI Last Name

Check one:

☐ I am a U.S. person (including a resident alien)
☐ I am a non-US person. I am a citizen of _____
Attach completed applicable Form W-8 (BEN, BEN-E, EXP, ECI, IMY)

Under penalties of perjury, I certify that:
My Taxpayer Identification Number is _____
(For individuals, the Taxpayer Identification Number is generally the Social Security Number.)

Under penalties of perjury, I certify that that the number shown on this form is my correct Tax Identification Number. I am not subject to backup withholding because (a) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, (b) the IRS has told me that I am no longer subject to a backup withholding order or (c) I am exempt from backup withholding. I am not subject to FATCA reporting.

Check here only if the following apply to you:

☐ I have been notified by the Internal Revenue Service that I am subject to backup withholding due to under-reporting of interest or dividends.
☐ I am subject to FATCA reporting. *(Requires 30% withholding on the taxable portion of the disbursement.)*

For questions regarding FATCA, please see www.irs.gov

6 Sign Here

Authorization and Signature

I authorize the above changes to my Group Universal Life Insurance, and I make the tax withholding election indicated above if I am withdrawing from the cash value or surrendering coverage.

Please Note: MUST be a handwritten signature. E-signatures are NOT allowed.

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

_____ _____

Certificate Owner's or Assignee's Signature **Date (MM/DD/YYYY)**

RESET FORM

SURRENDER APPLICATION

☐ ReliaStar Life Insurance Company, Home Office: Minneapolis, MN
☐ ReliaStar Life Insurance Company of New York, Home Office: Woodbury, NY
Members of the Voya™ family of companies
(the "Company")
Administrative Office: PO Box 20, Minneapolis, MN 55440
Phone: 800-537-5024; Fax: 860-607-5401

If you are considering making changes in the status of your Policy, you should consult with a licensed insurance or financial advisor.

POLICY INFORMATION *(Please print.)*

This change will be effective as of the date the surrender is signed, but it will not apply to any payment made or action taken before this form is recorded at the Company's Administrative Office.

Insured Name _____ Policy/File Code Number _____

Owner Name _____ Owner SSN/TIN _____

Owner Address _____ Is this a new address? ☐ Yes ☐ No

City _____ State _____ ZIP _____

Home Phone (_____)_____ Daytime Phone (_____)_____

1. I hereby surrender to the Company the above numbered Policy; all rights, title and interest in and to said Policy, and any benefits provided therein; and all agreements, amendments, endorsements, and riders attached thereto and made a part thereof.
2. The surrender of said Policy shall be effective on the date of receipt of this form and properly executed at the Company's Administrative Office.
3. This request will affect the guaranteed elements, non-guaranteed elements, face amount or surrender value of the Policy from which the values are released.
4. I hereby certify that I am of legal age, that said Policy is not assigned or pledged, and that said Policy is not subject to any bankruptcy proceedings, attachment, or other lien or claim, except as follows:

   _____

5. If more than one Policy number is listed above, the word "Policy" shall mean "Policies."

NOTICE OF WITHHOLDING ON NON-PERIODIC DISTRIBUTIONS OR WITHDRAWALS FROM LIFE INSURANCE POLICIES AND ENDOWMENT CONTRACTS

The distributions or withdrawals you receive from the Company are subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your distribution or withdrawal that is included in your income subject to federal income tax. Thus, for example, there will be no withholding on the return of your own non-deductible contributions to the policy.

You may elect not to have withholding apply to your distribution by signing and dating the election and returning it to the Company's Administrative Office.

TAX WITHHOLDING *(Please make the appropriate selections below.)*

Please indicate whether or not federal/state income taxes should be withheld from payments. Regardless of whether or not you elect to have federal/state income taxes withheld, you are liable for those taxes on the taxable portion of the benefits. You may also be subject to tax penalties under the Estimated Tax Payment rules. You are advised to seek the advice of a qualified tax advisor prior to making this election. An election made for a single non-recurring distribution applies only to the payment for which it is being made. For recurring payments, your withholding election will remain in effect until changed or revoked. You may change or revoke your election at any time prior to a distribution being made by submitting IRS Form W-4P.

Federal Withholding

☐ I want federal income tax of 10% withheld from this payment.
☐ I do not want federal income tax withheld from this payment.
☐ I have read the withholding notice and elect to have additional income tax withheld of $_____.

DEFAULT: If no election is made, standard federal income tax withholding will occur applicable to your type of distribution.

State Withholding

My residence state for tax purposes is _____ (If your current physical and/or mailing address is outside of your state of legal residence for tax purposes, please enter your tax state here. If no U.S. state or territory is on record and one is not specified, we will presume this income is not reportable to any U.S. state or territory.)

☐ DO NOT withhold any state income tax unless mandated by law.

☐ DO withhold state taxes in the amount of $_____ or _____% (If you make this election, a dollar amount or percentage must be specified and cannot be less than any required withholding.)

If you do not make an election or if your state requires a greater amount of withholding, we will withhold at the rate specified by your state of residence for the type of payment you are receiving. In some cases, your state's specific withholding election form is required to opt out of withholding or to choose a rate other than the state's default rate. Refer to the attached State Income Tax Withholding Notification and/or your State Department of Taxation for details.

US TAXPAYER CERTIFICATIONS

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number that appears on this form is correct,

2. I am not subject to backup withholding due to failure to report interest and dividend income[1], and

3. I am a U.S. person.

[1]If you are subject to back-up withholding, you must strike through statement number 2.

NON-RESIDENT ALIEN STATUS

If you are a Non-Resident Alien, please check the box below.

☐ Under penalties of perjury, I certify that I am a Non-Resident Alien.

The amount paid to you will be subject to 30% withholding, unless you submit an IRS Form W-8, and are entitled to claim a reduced rate of withholding under the applicable US tax treaty.

To avoid a delay in processing, please verify that all required signatures are complete. By signing this form, I acknowledge that the information provided is complete and accurate. If this is a qualified Policy, I also acknowledge receipt of the Special Tax Notice and waive the 30-day notice requirement.

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

➥ Owner Signature _____ Date _____

Title [2] _____ Daytime Phone (_____)_____

Owner Address *(Full Street Address required for tax purposes)* _____

City _____ State _____ ZIP _____

➥ Spouse Signature *(if owner lives in a community property state)* _____ Date _____

➥ Assignee/Irrevocable Beneficiary Signature *(if applicable)* _____ Date _____

Title [2] _____

[2] If Owner or Assignee is a trust, partnership, or company, officer signature and title is required.