GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

P. O. Box 659567, San Antonio, Texas 78265-9567 ❖ 1-800-929-4765

REQUEST FOR SURRENDER OF LIFE INSURANCE POLICY OR ANNUITY

THIS REQUEST FOR SURRENDER CANCELS THE POLICY AND THE INSURANCE IT PROVIDES

I (We), the undersigned do hereby surrender Policy Number _____ issued on the life of: _____ and request payment of the net Cash Surrender Value in accordance with the provisions and conditions of the policy. No bankruptcy proceedings are outstanding against the undersigned, and no liens are pending against the policy except as follows:

_____.

PROCESS SURRENDER REQUEST EFFECTIVE _____

I am cancelling my policy because:

- ☐ It is no longer needed.
- ☐ I need the money for personal or business reasons.
- ☐ Poor service from ☐ from Agent and/or ☐ Home Office.

I am replacing my policy with insurance with another company.

Company Name: _____

Plan of Insurance: _____

Amount of Insurance: _____

Comments: _____

_____

The undersigned(s) hereby certify that each person joining with the Owner in the completion of this request has attained the age of legal majority. I (We) further certify that I (we) are legal owner(s) of the policy and that there is no court ordered prohibition against surrender.

If not previously submitted to the Company, the **ORIGINAL POLICY MUST BE RETURNED** with this signed surrender form.

TO BE COMPLETED IF POLICY LOST

☐ The undersigned certifies that the original policy has been lost or destroyed and has no knowledge of its whereabouts. The undersigned understands that there will be no further coverage under the policy; further, that if the original policy is found, that it will be returned to the Company.

☐ Insured's Date of Birth _____ Insured's Social Security Number _____

PLEASE NOTE:

The IRS imposes certain requirements for monies distributed out of pension, annuity and life insurance plans. We will need to comply with these requirements before we can process your surrender check(s).

Even if you elect not to have Federal income tax withheld, you are liable for payment of Federal income tax on the taxable portion, if any, of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of established tax and withholding, if any, are not adequate.

Please check one blank:

- ☐ I DO NOT WANT FEDERAL INCOME TAX WITHHELD.
- ☐ I WISH TO HAVE FEDERAL INCOME TAX WITHHELD.

Dated at _____ (City / State) this _____ (Date) day of _____ (Month), _____ (Year).

_____
Signature of Spouse at time of Policy Purchase.
(Required only in Community Property States)

_____
Signature of Policy Owner

_____
Owner's Social Security Number

_____
Witness of all Signatures.

_____
Irrevocable Beneficiary (if any)

Please provide your telephone number in the event additional information is needed to process your request. _____

~~**PLEASE COMPLETE THE SUBSTITUTE STATE WITHHOLDING CERTIFICATE ENCLOSED.**~~