EMC NATIONAL LIFE
PO Box 9144
Des Moines, IA 50306-9144
800-232-5818
www.EMCNationalLife.com

LIFE AND ANNUITY - REQUEST FOR CASH SURRENDER VALUE OF POLICY

Policy No.: _____ Insured: _____
Insured Social Security Number: _____ Insured Date of Birth: _____
Owner: _____
Owner Social Security Number: _____ Owner Date of Birth: _____

INSTRUCTIONS FOR SUBMITTING REQUEST

1. The policy must be returned to the Home Office of EMC National Life Company.
   If policy is lost, please check. ☐
2. The Request for Cash Surrender Value must be properly completed and returned to the Home Office of EMC National Life Company.
3. The signature of the policyowner is always required. **If more than one policyowner, submit separate form for each owner.**
4. The owner's signature must be written exactly as the name appears in the policy. If the name has been changed since the policy was issued, sign by adding the present surname to the name that appears on the policy.
5. If the policy is assigned, the signature and title of assignee is required along with the release of the assignment.
6. If the insured is a resident of Community Property State (Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington and Wisconsin), the signature of the spouse (wife or husband) is required.
7. Signatures may be required from any person with an interest in the policy.
8. Complete the Federal/State Withholding Election and Taxpayer Identification Certification sections on the **Reverse Side**.

This policy is surrendered for payment of its cash surrender value. In accordance with the terms of the policy, it is agreed the company's liability under the policy, except for the payment of cash value less any indebtedness, shall terminate. By this request for cash surrender of the policy, the undersigned acknowledges all rights, claims, benefits and demands under the policy, including any and all riders, are fully settled and satisfied and EMC National Life Company is released from any and all liability.

In this instrument, the words "Insured" and "Policy" will be construed to mean "Annuitant" and "Contract" respectively, if appropriate.

If you currently receive payments for this policy directly deposited into your account, the surrender amount, if any, will also be deposited to the account on record.

☐ If you request a check to be mailed, please mark the box and specify the mailing address below.

_____
Address City State Zip

It is hereby expressly represented that no person, firm or corporation, other than the owner, has any interest in this policy, and that no proceedings in insolvency, bankruptcy or court have been instituted or are pending against the undersigned.

Dated at _____ **Date** _____
City and State

_____ _____
Signature of Policyowner **Signature of Spouse (if Community Property State)**

_____
Signature of Assignee (if any)

(OVER)

EMC, flag design and *Count on EMC* Reg. U.S. Pat. & Tm. Off.

INSTRUCTIONS FOR FEDERAL/STATE WITHHOLDING

Even if you elect not to have federal/state income tax withheld, you are liable for federal/state income tax on the taxable portion of your benefits.

☐ I **DO NOT** want federal/state income tax withheld from my payment.

☐ I **DO** want federal/state income tax withheld from my payment. Federal _____%*State _____%*
(Not applicable if taxable amount is less than $200.00.)

*If percentage is not designated, federal income tax will be withheld at the rate required by law, minimum of 10%, and state income tax at 5%.

If you elect federal income tax withholding, EMC National Life Company is required to withhold state income tax in the following states:

Arizona	Iowa	Missouri	Oregon
California	Kansas	Montana	Utah
Connecticut	Maine	Nebraska	Vermont
District of Columbia	Maryland	New Mexico	Virginia
Georgia	Massachusetts	North Carolina	Wisconsin
Indiana	Michigan	Oklahoma	

TAXPAYER I.D. CERTIFICATION

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 Services (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.
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 of underreporting interest or dividends on your tax return. For real estate transactions, item (2) does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, 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 taxpayer identification number. If the number shown on this form is incorrect, please indicate change below.

_____ _____

Signature of Policyowner **Date**

_____

Social Security Number or Taxpayer I.D. Number of Policyowner

The information provided in this form is correct to the best of our knowledge. Please contact your tax advisor or state agency for specific questions regarding your personal tax situation.