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

Depending upon the amount of money you are requesting and whether you are requesting these funds via check or direct deposit, use the chart below to identify which documents are required.

Amount Requested	Check	Direct Deposit
$1-$49,999	One (1) signed form of identification	One (1) signed form of identification AND bank account information
$50,000-$249,999	One (1) signed form of identification AND proof of address	One (1) signed form of identification AND bank account information
$250,000 and Above	Medallion Signature Guarantee	One (1) signed form of identification AND bank account information, OR a Medallion Signature Guarantee for credit union accounts

We will run your account and address information through our database in order verify where funds are being sent. If we are unable to verify your account or address, or there is a discrepancy between any of the information provided on the form and your information on file, we reserve the right to request additional or alternative forms of identification, including a Medallion Signature Guarantee. Please note that if you are requesting a direct deposit to a credit union, we are unable to verify credit union accounts and will always require a Medallion Signature Guarantee for requests over $250,000.

ACCEPTABLE TYPES OF DOCUMENTS

Signed Forms of ID	Bank Account Information	Proof of Address
Driver's License/ Government/ State Issued ID Passport Social Security Card Marriage License Military ID Green Card (if signed) Voter Registration Card	For Checking Accounts: A void check For Savings Accounts: A letter, on bank letterhead, verifying the owner(s), account and routing number, signed by an authorized party at the bank.	Utility Bill*- i.e. gas, electric, telephone A Bank or Credit Card Statement* Vehicle Registration State/ Federal Tax Document* Bank or Credit Card Statement or Other Financial Institution Document* *Cannot be older than sixty (60) days

MEDALLION SIGNATURE GUARANTEE (MSG): MSGs are used as an added security measure and may be obtained at most banks, credit unions, or other financial institutions. It is recommended that you contact your bank ahead of time to ensure they can provide an MSG and to ask what forms of ID or other documents you may be required to bring. Your bank may charge a nominal fee for this service. **The MSG submitted must be an original; faxes, photocopies, and emails will not be accepted.**

RETURN METHOD

If you were required to obtain a Medallion Signature Guarantee on your form, you **MUST** return your completed form and documents via **MAIL ONLY**, otherwise, you may choose to return your documents via any of the methods below.

- **Mail to: Oxford Life Insurance Co.**
  2721 North Central Avenue
  Phoenix, Arizona 85004
- **Fax to: (877) 584-2777**
- **Email to: OxfordPHS@oxfordlife.com**

IMPORTANT: If your address of record has been changed in the last sixty (60) days, you must provide a copy of a recent bill or statement reflecting the new address (see above for acceptable proof of address documents).

OXFORD
LIFE INSURANCE COMPANY®

LIFE INSURANCE SURRENDER/CANCELLATION FORM

POLICY NUMBER			
OWNER'S NAME			OWNER'S SOCIAL SECURITY NUMBER
JOINT OWNER'S NAME			JOINT OWNER'S SOCIAL SECURITY NUMBER
MAILING ADDRESS			
CITY	STATE	ZIP	HOME PHONE NUMBER
STREET ADDRESS (**REQUIRED** IF MAILING ADDRESS IS PO BOX)			CELL PHONE NUMBER
CITY	STATE	ZIP	E-MAIL ADDRESS

Reason for Surrender/Cancellation

By completing and signing this form, I (we) hereby request to surrender the policy listed above for cancellation in exchange for the Net Cash Value (if any). If this policy has a Net Cash Value greater than zero, I am requesting that you send the proceeds 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

2) ❑ **For Faster Delivery- Direct Deposit** (the bank account information below **MUST** be completed)

The owner of the policy must also be the owner of the bank account.

BANK NAME	ROUTING NUMBER	ACCOUNT NUMBER
BANK ACCOUNT OWNER NAME	ACCOUNT TYPE ❑ CHECKING ❑ SAVINGS	

Your Name
Your Address

-VOID-

Routing Number 123456789
Account Number 1234567

For checking accounts, attach a voided check here. Deposit slips and starter checks are not accepted. For savings accounts, you must include a letter from your bank or financial institution on their letterhead, including the account and routing number, the owner(s) on the account, and signed by an authorized party at the bank or financial institution.

SIGNATURES AND AUTHORIZATION

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 assigns 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
- I have read and understand all four (4) pages of this form, including the signature requirements below.

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

SPOUSAL CONSENT: If you live or your policy was issued in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, and WI), your spouse's signature is required.

❑ If you are not married, or if your spouse is deceased, check this box.

SIGN HERE _____

Signature – Owner Date

❑ Trustee or ❑ Officer Title: _____

SIGN HERE _____

Signature –Joint Owner *(if applicable)* Date

❑ Trustee or ❑ Officer Title: _____

SIGN HERE _____

Signature – Owner's Spouse *(if required)* Date

SIGN HERE _____

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

If you are signing on behalf of the owner, print your name, sign 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: _____ Print Name: _____

Date

Medallion Signature Guarantee- Owner (*if applicable*)

Medallion Signature Guarantee- Joint Owner (*if applicable*)

SIGNATURE INSTRUCTIONS

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

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.

Spouse Signatures – If the owner resides in a community property state (currently AZ, CA, ID, LA, NM, NV, TX, WA and 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 Trustee Certification and Indemnification form must be on file before a withdrawal can be processed. Check the "Trustee" box below the owner signature line.

Guardian or Conservator – The guardian or conservator must sign and identify the capacity in which they are signing for the owner. Provide a copy of the guardianship/conservator papers if not previously submitted.

Power of Attorney – Provide a copy of the power of attorney (if not previously provided), and complete and submit a Certification of Power of Attorney form.

Corporation – Check the "Officer Title" box below the owner signature line and write the title of the officer signing for a corporate owner in the space next to it. Provide a copy of the corporate resolution evidencing the officer's signing authority.

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.

Medallion Signature Guarantee – If applicable, an original Medallion Signature Guarantee must be affixed to this document in the space provided above.

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.

SUBMISSION INSTRUCTIONS

Please refer to the Instructions (cover page) for specifics on how to submit your completed form. Please ensure that all required signatures, dates, documents, and Medallion Signature Guarantee(s), if required, are included. Additionally, if direct deposit has been selected as your method of payment, ensure that a voided check (for checking accounts), or a letter from the bank or financial institution (for savings accounts) has been included.