

LIFE INSURANCE SURRENDER/CANCELLATION FORM

Please read all instructions carefully and complete all applicable sections of this form. A photocopy of a signed, government issued ID such as a driver's license; state ID or passport must be submitted with the completed form. If no ID is available, the form must be notarized. Unclear or missing information may delay or prevent processing. Sign and date the form and submit all pages.

POLICY NUMBER			
OWNER S NAME			
MAILING ADDRESS			
CITY	STATE	ZIP	❑ CHECK THIS BOX TO REQUEST A CHANGE OF ADDRESS
STREET ADDRESS (**REQUIRED** IF MAILING ADDRESS IS PO BOX)			TELEPHONE 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.

INITIALS	**If you are surrendering or cancelling your policy, you must submit the original policy pages with this form or initial here to certify that it has been lost or destroyed.**

TAX WITHHOLDING ELECTION

Please make a tax withholding election below. If you do not make a withholding election, 10% federal income tax and any required withholding of state income tax will be withheld from any taxable gain.

Please select one of the following options:

- ❑ DO NOT withhold federal or state income tax from my withdrawal.
- ❑ Withhold_____% federal income tax from the taxable portion of my surrender proceeds.
- ❑ Withhold_____% state income tax from the taxable portion of my surrender proceeds.

Even if you elect not to have income tax withheld, or if you do not have enough tax withheld, you are liable for federal and state income tax on the taxable portion of your distribution. You may also be subject to tax penalties

under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are inadequate. Please consult your tax advisor for additional information on tax withholding. Michigan residents we must withhold state tax, unless you elect not to withhold using Form MI W-4P.

METHOD OF PAYMENT

- ❑ **Mail a Check** to the address listed above
- ❑ **Direct Deposit** (please complete Authorization for Direct Deposit on page 4)

SUBSTITUTE FOR IRS FORM W-9

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: 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.

SIGNATURES AND AUTHORIZATION

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.
- Surrender may have significant tax consequences. If your policy is a modified endowment contract, surrender before age 59½ may be subject to a 10% tax penalty in addition to any other taxes owed on the surrender. Please consult your tax advisor.

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

_____ _____

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

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

_____ _____

Signature Spouse *(community property states)* Signature Irrevocable Beneficiary or Assignee *(if any)*

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

Signature: _____

Print Name: _____

INSTRUCTIONS

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 owner resides in a community property state (currently AZ, CA, ID, LA,

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.

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

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

Irrevocable Beneficiary If you previously named an irrevocable beneficiary, the irrevocable

.

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

Oxford Life Mailing Address and Contact Information	
Regular or Overnight Mail	2721 North Central Avenue, Phoenix, Arizona 85004
Fax	(877) 584-2777
Email	OxfordPHS@oxfordlife.com
Policyholder Services	(866) 641-9999
Website	www.oxfordlife.com

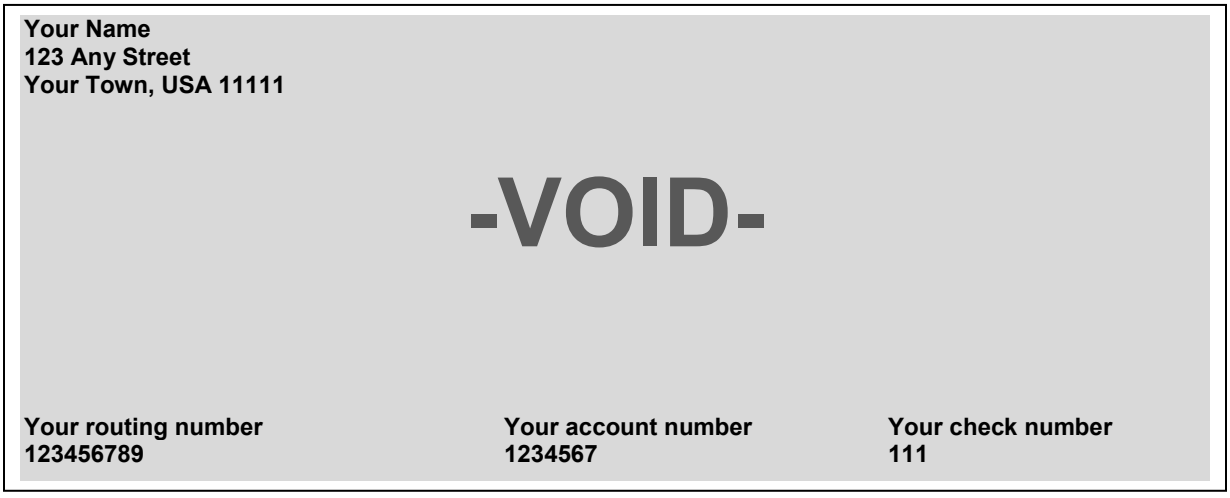
AUTHORIZATION FOR DIRECT DEPOSIT

POLICY NUMBER	
NAME	

Bank Account Information

NAME OF BANK	ACCOUNT TYPE ❑ Checking ❑ Savings
ROUTING NUMBER	ACCOUNT NUMBER

IF USING A CHECKING ACCOUNT, ATTACH A VOIDED CHECK OVER THE SHADED AREA BELOW. DO NOT ATTACH A DEPOSIT SLIP OR STARTER CHECK.



I hereby authorize Oxford Life Insurance Company, and/or its third-party administrators, representatives or

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.

Dated this _____ day of _____, 20_____.

_____ _____

Signature Policy Owner/Bank Account Owner Signature Joint Policy Owner *(if any)*