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]:

☐ 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.