ROYAL NEIGHBORS OF AMERICA

INSURING LIVES ◦ SUPPORTING WOMEN ◦ SERVING COMMUNITIES℠

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Surrender of Certificate for Cash Surrender Value

Certificate no. Insured name Owner

I, the undersigned owner of the above certificate, which was issued by Royal Neighbors of America (the Society), hereby surrender the certificate, together with all riders attached thereto, all paid-up additions thereto and all dividend accumulations thereon, if any, for cancellation. The cash surrender value is accepted by me in full settlement and complete satisfaction of all rights, claims and demands under the certificate.

I certify that I have not assigned or pledged the certificate for any purpose whatsoever, and that no bankruptcy proceedings are pending against me.

Please check only one of the boxes below. *Complete withholding information only if you have an annuity rider.*

☐ I elect not to have Federal income tax withheld from any taxable distribution.
(You may not check this box if the IRS has notified you that you are subject to back-up withholding.)

☐ I elect to have _____% Federal income tax withheld from any taxable distribution of an annuity rider.
(Cannot be less than 10%)

Under penalty of perjury, I certify the following:

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 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 has notified me that I am no longer subject to backup withholding, and
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 you have failed to report all interest and dividends on your tax return. The IRS does not require your consent to any part of this form other than the certifications required to avoid backup withholding.

Dated _____
(Month/day/year)

_____
Signature of owner

_____
Mailing address

_____
City, state, and ZIP code

_____
Telephone number (incl. area code)

_____
Social Security number of owner

_____
E-mail address

Witness to Signature of Owner:

_____
Signature of witness

_____
Mailing address

_____
City, state, and ZIP code

I hereby agree to the above cash surrender and waive any community property or Uniform Marital Property Act (UMPA) rights, as applicable, that I may have in the subject of this cash surrender. If the spousal consent is not signed, the above signature is certification that no spousal consent is required.

Signature of spouse of certificate owner: _____ Date: _____
(Spousal signature required for residents of AZ, CA, ID, LA, NM, NV, TX, WA, WI)