State Farm Life Insurance Company
(Not licensed in MA, NY or WI)
State Farm Life and Accident Assurance Company
(Licensed in NY and WI)
1 State Farm Plaza, Bloomington, IL 61710-0001

Cash Surrender/Termination Request

Policy number

Owner 1 name

Phone number ○ Cell ○ Home

Owner 2 name (if applicable)

Phone number ○ Cell ○ Home

Insured/Annuitant name

Complete this form to request a cash surrender or termination of your State Farm® life insurance policy, annuity policy, or supplementary contract (not available on all contract types). For TSA requests, use the Tax Sheltered Annuity Distribution Request form. If your Corporate Retirement Plan is serviced through Ascensus, contact Ascensus for their paperwork. If your policy is a Keogh or a Corporate Retirement Plan not serviced by Ascensus, submit the Waiver of Qualified Joint and Survivor Annuity form in addition to this form.

WHAT YOU SHOULD KNOW

Please talk with your agent to better understand the features and possible outcomes of this request.

- **A requested surrender cannot be reinstated.**
- Complete the Important Notice of Withholding and Election section of this form. **Federal and state (where applicable) income tax withholding on the taxable amount may apply, unless you elect out of withholding. Once processed, withholding cannot be changed.**
- **Any tax reportable amounts realized at the time values are released cannot be changed.**
- When the policy is surrendered, any outstanding loan balance and accrued interest is deducted from the policy proceeds.
- **It is not usually in the policy owner's best interest to surrender:**
  - A policy on which premiums are being waived due to disability of the insured or death of the payor.
  - A policy that will become fully paid-up at the next policy anniversary.
  - A Paid-Up Dependent policy (paid-up term insurance on a spouse or children).
  - You may wish to consult a financial or tax advisor for additional questions.

In addition, the following apply to Fixed and Variable Annuity products only:

- A surrender charge and/or market value adjustment may be applicable and could impact the surrender value amount.
- Policy gains for all non-tax qualified annuities you own that were issued in the same year are required to be aggregated to determine tax reporting.
- If you are subject to taxation and are less than age 59½, the gain may be subject to a 10% IRS penalty assessed at the time your tax return is filed.
- You may elect out of withholding to avoid having income taxes withheld for a Roth Individual Retirement Arrangement (IRA) non-qualified distribution. Withholding does not apply to Roth IRA qualified distributions when a policy has been in force for five or more years and one of the following has occurred:
  - Over age 59½
  - Death or disability
  - Qualified first-time home purchase

If there are differences between this disclosure and the policy, the terms of the policy will prevail.

Signature(s) on following page(s)

Doc type 38.1

By signing this form, you are choosing to surrender or terminate your policy/contract and pay all cash surrender/termination values to you. When a surrender or termination is processed as a result of a request from the policy owner, the policy/ contract cannot be reinstated. Any requirement to return the policy with the surrender/termination request is waived.

PAYMENT METHOD

A check is the automatic option if no option is selected.

- ○ Check
- ○ Electronic Funds Transfer to a bank account not on file. Please fill out the Electronic Funds Transfer to Bank Account form and attach to this request.
- ○ If you have received a disbursement as an Electronic Funds Transfer in the past, and want to send the funds to the same bank account, complete the bank information below:

Account number: _____

Name(s) on account: _____

Routing number: _____

IMPORTANT NOTICE OF WITHHOLDING AND ELECTION

Substitute Form W-4P/OMB No. 1545-0074 - The taxable portion of proceeds may be subject to federal and state (if applicable) income tax withholding. If we do not have your Taxpayer Identification Number (TIN), withholding will occur. By your election, you may be responsible for payment of estimated taxes; and there may be tax penalties if your withholding and estimated payments are not sufficient. Your withholding election is final and cannot be changed after the transaction is processed.

Federal Income Tax Withholding - If you have provided your TIN, you may choose not to have federal withholding apply by checking the proper option below. If an option box is not checked or if we do not have your TIN, federal tax will be withheld at a rate of 10% as required by law. Corporate policies (without an owner) and Keogh distributions require mandatory 20% federal withholding for any amounts greater than Required Minimum Distribution (RMD). A percentage greater than 20% may be requested.

- ○ I do not want federal income tax withheld.
- ○ Withhold federal income tax at a rate of _____ % (not less than 10%).
- ○ Withhold federal income tax of $ _____ in addition to the base withholding of 10%.

State Income Tax Withholding – We will only withhold if you live in a state requiring us to do so. We will withhold at least the minimum amount required by your state. Please indicate below if you would like us to withhold more than the minimum amount.

- ○ I do not want state income tax withheld. I understand this election will not apply in states that do not permit persons to elect out of withholding.
- ○ Withhold my state's minimum required percentage. If you live in a state that does not specify a minimum required percentage, we will not withhold.
- ○ Withhold state tax of $ _____. I understand that I cannot request withholding in an amount less than my state's minimum amount.

EXPLANATIONS

Use the space below to provide additional details. Additional forms and/or information may be needed.

SIGNATURES

By signing below, I authorize and direct State Farm to initiate and process this request.

Owner 1 signature

Date (mm/dd/yyyy)

SIGNATURE

Owner 2 signature (if applicable)

Date (mm/dd/yyyy)

SIGNATURE

Agent stamp

Agent signature as witness (not required)

Date (mm/dd/yyyy)

SIGNATURE

SUBMISSION – All pages of the request form must be submitted.

Submit the completed and signed form to your State Farm agent or State Farm:

Fixed Annuity:
Annuities Operation Center, P.O. Box 2380, Bloomington, IL 61702-2380 or fax to 740-364-4581. For policies purchased in NY or WI, fax to 740-364-4582.

Life Insurance Policy:
Life Operation Center, P.O. Box 2364, Bloomington, IL 61702-2364 or fax to 740-364-4576. For policies purchased in NY or WI, fax to 740-364-4577.

Supplementary Contract:
Annuity/Supplementary Contract, P.O. Box 2380, Bloomington, IL 61702-2380 or fax to 855-839-3464. For policies issued in NY or WI, fax to 855-258-4610.

Variable Life and Annuity Products:
Variable Operation Center, P.O. Box 2307, Bloomington, IL 61702-2307 or fax to 855-363-7052. For policies purchased in NY or WI, fax to 855-618-8528.

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1 State Farm Plaza, Bloomington, IL 61710-0001

Nonforfeiture Policy Provision Request

Policy number

Current owner 1 name

Phone number ○ Cell ○ Home

Current owner 2 name (if applicable)

Phone number ○ Cell ○ Home

Insured/Annuitant name

Complete this form to elect nonforfeiture policy provisions on your State Farm® life insurance policy.

WHAT YOU SHOULD KNOW

Please talk with your agent to better understand the features and possible outcomes of this request.

- All policies that develop cash value, except Universal Life (UL), contain a nonforfeiture provision that automatically executes in the event of premium default.
- When premium default occurs, available cash value is applied to purchase either extended term insurance, reduced paid-up insurance, or fully paid-up insurance.
- The nonforfeiture provision of the policy contract always governs as to which option is the automatic option.
- Nonforfeiture policy options may be elected while the policy is in force.
- The option elected may differ from the automatic option.

If there are differences between the information provided in this disclosure and the policy, the terms of the policy will prevail.

REQUEST

○ Exercise Extended Term

○ Exercise Reduced Paid-Up Insurance

○ Exercise Fully Paid-Up Insurance (due to policy language, policy may not qualify or may have restrictions)

EXPLANATIONS

Use the space below to provide additional details. Additional forms and/or information may be needed.

Signature(s) on following page(s)

Doc type 38

SIGNATURES

By signing below, I authorize and direct State Farm to initiate and process this request.

Owner 1 signature _____ Date (mm/dd/yyyy) _____ SIGNATURE

Owner 2 signature (if applicable) _____ Date (mm/dd/yyyy) _____ SIGNATURE

Agent stamp _____ Agent signature as witness (not required) _____ Date (mm/dd/yyyy) _____ SIGNATURE

SUBMISSION

Submit the completed and signed form to your State Farm agent or State Farm:

Life Insurance Policy:
Life Operation Center, P.O. Box 2364, Bloomington, IL 61702-2364 or fax to 740-364-4576. For policies purchased in NY or WI, fax to 740-364-4577.