RESET

Transamerica Life Insurance Company
Transamerica Premier Life Insurance Company
Administrative Office located at:
4333 Edgewood Road N.E., Cedar Rapids, IA 52499-0001

Fax 800-235-4782

Full Surrender Request

Policy/certificate number (s)_____ Insured/Annuitant_____

Owner_____ Phone Number_____

Fill out all required information in Sections 1 and 2. Owner(s) must sign and date form in space provided below.

1. Full Surrender
Select one
(Refer to #2 below. Subject to any IRS early withdrawal penalties.)

☐ Request termination of policy/certificate (return policy contract with this form)

☐ Request termination (I have lost my policy/certificate)

2. Federal Income Tax Withholding - (Refer to enclosure #2)

☐ I WANT to have Federal Income Tax withheld from the taxable portion of my annuity withdrawal and/or policy surrender value. (If Federal withholding is elected and your state also requires it, state withholding will be deducted.)
Unless specifically indicated, I have elected not to have withholding apply.

Before signing this form please read the IRS statement on the enclosure that could affect the financial transaction(s).

Unless we have been notified of a community or marital property interest in this policy, we will rely on our good faith belief that no such interest exists and will assume no responsibility for inquiry; the policy owner agrees to indemnify and hold the Insurance Company harmless from the consequences of accepting this transaction.

Insured /Annuitant_____ _____
Signature Date Signed Social Security Number Date of Birth

Owner_____ _____
Signature Date Signed Social Security Number Date of Birth

Assignee_____
Signature Title Date Signed

Spouse_____
Signature- (if none, indicate, NONE)