TRANSAMERICA®

# Request for Full Surrender For Life Insurance Policies

○ Transamerica Financial Life Insurance Company
Home Office: Harrison, New York
○ Transamerica Life Insurance Company
Home Office: 6400 C Street SW, Cedar Rapids, IA 52499

This Policy of Insurance is issued or assumed by the company shown above, herein called the "Company"

Policy Number: _____ Insured's Name: _____

I elect to surrender the Policy for its net cash value. The Company may immediately process the surrender without submission of the Policy.

By signing below, I agree that I am giving up all rights under the Policy, including all benefits available under any endorsements or riders to the Policy, except for payment of the net cash value, if any. All liability (other than the net cash value) under the Policy, including, but not limited to, claims for benefits, is hereby discharged and terminated. I understand that a policy with a death benefit guarantee may offer the possibility of continuing a substantial death benefit for little or no additional premium, which may be more advantageous than surrendering the policy now, and I knowingly elect to surrender the Policy.

The undersigned certifies that; (1) the Policy is not subject to any lien, assignment or legal claim by any person or organization who is not a party to this agreement; (2) that he/she/it is not involved in pending bankruptcy proceedings; (3) I have read and understand all sections of this form; and (4) I am of legal age and am not under any guardianship or legal disability.

**1. Funds are to be applied as follows:** (If no option is selected, proceeds will be paid by check to Owner)

☐ Pay by check to Owner ☐ Apply to Policy No._____

**Disbursements May Be Subject To Identity Verification**

To help ensure the security of your account and funds, once your disbursement request is received, the Company may be obtaining a consumer report from a consumer reporting agency ("CRA") to help verify the validity and accuracy of the account information provided.

I authorize the Company to obtain a consumer report from a CRA as described above, and acknowledge that I: (i) have read the explanation above; (ii) understand that in order for the CRA to verify my account information, some of my personal information will be shared with the CRA in the strictest confidence and as permitted by law and will be retained and used by the CRA only as permitted by law; and (iii) consent to such sharing, retention and use.

2. Notice of Withholding:

The taxable portion of the surrender proceeds you receive from your life insurance policy are subject to Federal income tax withholding unless you elect not to have withholding apply. If you elect not to have Federal income tax withheld, you are still liable for payment of Federal income tax on the taxable portion, if any, of your surrender proceeds. You may also be subject to tax penalties under the estimated tax payment rules if any required payments of estimated tax and withholding, if any, are not adequate. Please mark your election below for Federal income tax withholding.

☐ I do not wish to have Federal income tax withheld from my surrender proceeds.

☐ I wish to have Federal income tax withheld from any surrender proceeds.

Please provide your correct Social Security/Tax Identification Number as requested below. Otherwise, the Company will be required to ignore your election out of income tax withholding.

Note: Your state may require completion of an election form for state withholding. If that is the case, additional forms will be sent to you prior to any distribution. If you are uncertain about your state requirements, please contact the Home Office at (800) 852-4678 for details.

3. Signatures - (See Signature Requirements and General Notices below.)

| | |
|---|---|
| Owner's Daytime Phone Number | Print Owner's Complete Name |
| Witness Signature | Owner's Address |
| Address of Witness | Owner's Address |
| Assignee (if any) Name & Title | Owner's Social Security/Tax ID Number |
| Irrevocable Beneficiary (if any) | Owner's Signature (Include Title if Corporation or Trust) |
| | Date Signed |

Signature Requirements:

INDIVIDUAL OWNER(S) - Individual must sign on the line provided for "Owner."

PARTNERSHIP IS THE OWNER - Two authorized partners must sign below the name of the partnership, the title "Partner" must follow each signature.

CORPORATION IS THE OWNER - One officer other than the Insured or Owner must sign below the name of the corporation, where indicated. The officer's title (President, General Manager, Vice President, Secretary or Assistant Secretary) must follow the signature. A corporate signature resolution is required to support any signature.

TRUST IS THE OWNER - The Trustee(s) must sign above wording similar to the following: "John Doe, trustee under XYZ Trust dated June 1, 1999."

GUARDIAN OR CONSERVATOR OR AGENT ACTING UNDER A POWER OF ATTORNEY - The signature of a guardian/conservator or an agent acting under a power of attorney, (whichever applies) must sign on behalf of the Owner. Certified copies of the letters of guardianship/conservatorship and the court order that authorizes the change must also be submitted. The Questionnaire to Accompany Power of Attorney and the Affidavit of Agent for Power of Attorney should also be submitted if acting as an agent under a power of attorney.

COMMUNITY PROPERTY STATES - In states with community property laws (currently AZ, CA, ID, LA, NV, NM, TX, and WA), or states having marital property laws (currently Wisconsin), the Owner's spouse should also sign this form if the Policy is community/marital property. Consult your legal advisor.

BENEFICIARIES - Any irrevocable beneficiaries must sign this request for Full Surrender.

ASSIGNEE - If the Policy has been assigned as collateral security, the assignee must sign this Full Surrender request. If the assignee is a business, an officer of the assignee must sign and include the officer's title.

GENERAL NOTICES

The Company makes no representation and assumes no liability for the tax implication, if any, of this transac tion. In the event your Policy is a Modified Endowment Contract (MEC), amounts received prior to the death of the insured may be fully taxable, and if received before the Owner is age 59 1/2, subject to a 10% tax penalty. Under the Technical Miscellaneous Revenue Act of 1988 (TAMRA), a life insurance contract becomes a MEC when actual premiums paid exceed a specified 7-pay premium limit or when certain changes are made to policy benefits.

The Company does not offer tax or legal advice. Because tax laws are subject to change and different interpretations, we recommend that you seek counsel from a qualified advisor.