CUNA MUTUAL GROUP

CMFG Life Insurance Company

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LIFE INSURANCE SURRENDER FORM

Office Use Only
Doc Code: 61
WQ: 623

Policy Number _____ *(one per form)* Insured's Name _____

Owner's Name _____ Owner's Phone Number ( ) -

Owner's Address _____
Street

_____
City State ZIP Code

Owner's Date of Birth ___/___/___ Owner's Social Security Number: ☐☐☐ – ☐☐ – ☐☐☐☐

1. Surrender Policy

Required

☐ Send any surrender value by direct deposit (electronic funds transfer). **Also complete sections 2 and 3.**

☐ Send any surrender value by check**. Also complete section 3.**

The undersigned hereby agrees that this policy and all coverage thereunder shall terminate on the effective date of termination. All rights, claims, and coverages are hereby surrendered on that date. In consideration thereof, the Company shall waive receipt of the policy if otherwise required and pay to the owner current cash surrender value of that date. Surrenders will only be processed with an original signed form signed by the policyowner.

2. Electronic Funds Transfer (EFT) Instructions

As payee under the policy, I hereby authorize and direct CMFG Life Insurance Company to retain my account information and initiate Electronic Funds Transfer entries into my account below. Funds will be in my financial institution account within 48 hours (on business days) from the date the transaction is processed.

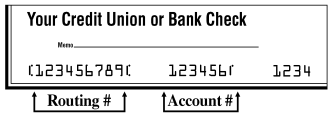
Name of Financial Institution _____ Routing Number ☐☐☐☐☐☐☐☐☐

City & State _____ Account Number _____

Account Owner _____

☐ Checking/ Share Draft

☐ Savings



3. Notice of Withholding

Required

☐ I do NOT want any federal or state income tax withheld from this distribution.

☐ Withhold the amount as provided in the withholding guidelines below.

Federal income tax withholding (and state income tax withholding where required) applies to the taxable portion of the distribution you are requesting. **If you do not make an election to have no withholding, 10% federal income tax and applicable state income tax will be withheld from the taxable portion of your distribution.** If you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax and you may incur penalties under the estimated tax rules if your withholding and estimated payments are insufficient. You may request an additional withholding amount in the Special Instructions below.

Special Instructions: _____

Certification of Taxpayer Identification Number

Under penalties of perjury, I certify that:

1. The taxpayer identification number is correct,
2. I am not subject to backup withholding due to failure to report interest and dividend income,
3. I am a U.S. person, and
4. The FATCA code entered on this form is "not applicable" and I am exempt from FATCA reporting is correct.

Instructions: You must cross out item 2 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 Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

The owner of the policy must sign below. Any irrevocable beneficiary or collateral assignees must also sign to authorize the transaction. The undersigned hereby agrees to authorize the transaction(s) above which affect my (our) interest in this policy.

_____ ___/___/___ _____
Owner's Signature Date Co-Owner Signature (if applicable)

_____ ___/___/___
Irrevocable Beneficary(ies) / Collateral Assignees (if applicable) Date