Gerber Life Insurance
445 State Street • Fremont, Michigan 49412

# SURRENDER REQUEST FORM

**Complete the entire form, sign, and return to Gerber Life Insurance**

Name of Insured: | Policy Number:

Address of Policy Owner:

Please note: The form must either be notarized or proper documentation verifying your signature must be received with the form to process your request. Examples include: driver's license, state ID card, court document, passport or social security card.

## REQUEST FOR SURRENDER:

Please fully surrender my life insurance. (NOTE: Surrendered policies are not eligible for reinstatement.)
I/We the undersigned, request payment of the net surrender value in exchange for the surrender of the above policy number. No bankruptcy proceedings filed by or against me are now pending, and there are no liens outstanding against the policy, except as follows:

_____

## FEDERAL INCOME TAX WITHHOLDING ELECTION DISCLOSURE:

The distributions you receive may be subject to Federal income tax withholding and Gerber Life may be required to withhold (10%) of the taxable income, unless you elect not to have such withholding apply. You may elect out of this withholding tax by electing Option 2 in the Tax Withholding Election section.

If you elect not to have withholding applied or if you do not have enough federal income tax withheld from your withdrawal, you may be responsible for payment of estimated taxes. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. **(We encourage you to speak to a qualified tax adviser to determine if you will be required to pay estimated taxes.)**

**TAX WITHHOLDING ELECTION:** (IF NO ELECTION MADE, AUTOMATICALLY DEFAULTS TO OPTION 1)

Option 1: ____I **DO** elect Gerber Life to withhold 10% of the taxable income for federal taxes, if applicable.

OR

Option 2: ____ I elect **NOT** to have taxes withheld. I do not want to have Federal income tax withheld from my distribution. I also understand that this election will remain in effect until revoked, and that I may revoke this election at any time by providing written notice to Gerber Life at its administrative offices.

I certify, under penalty of perjury, that:

The number shown on this form is my correct taxpayer identification number and/or social security number, and I am not subject to backup withholding tax.

**My signature below will confirm my election to surrender and acknowledge my consent and understanding of the above statements.**

| | | |
|---|---|---|
| Date: | Policy Owner's Signature: | *Policy Owner's Social Security #: ___–__–____ |
| Date: | Co-Owner's Signature: | *Co-Owner's Social Security #: ___–__–____ |
| Date: | Spouse's Signature: (Required if issue or resident state is AK, AZ, CA, ID,LA, NV, NM, PR, TX, WA, WI) | |

***SOCIAL SECURITY # MUST BE PROVIDED IN ORDER TO PROCESS YOUR REQUEST.**

**If you have any questions, please call us at 1-800-253-3074.**

Sworn to before me this _____ day of _____.

_____
Notary Public

Code

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