OXFORD
LIFE INSURANCE COMPANY®

DISBURSEMENT INSTRUCTIONS

Please read all instructions carefully and complete all applicable sections on the following pages. Some additional documents may be required. Unclear or missing information may delay or prevent processing. Please sign and date the form and return **ALL** pages, along with any required documents via the return method identified below. Questions? Please call (866) 641-9999.

REQUIRED DOCUMENTS

1 **DISBURSEMENT FORM**

- Complete all applicable fields and return ALL pages of the form
- Remember to sign in both the "Substitute Form W9" section AND the "Signatures and Certification" section of this form
- Your signature must be a "wet" signature (electronic signatures are prohibited)

2 **IDENTIFICATION**

- Submit a LEGIBLE, VALID (not expired), SIGNED form of ID of the Owner from the list below

3 **METHOD OF PAYMENT**

- If the disbursement to you will be by CHECK, and the address on your ID does not match the address you list on this form, please submit ONE "Proof of Address" from the list below
- If the disbursement to you will be by DIRECT DEPOSIT, please submit ONE proof of your Bank Account Information" from the list below

4 **ADDITIONAL DOCUMENTS**

- If you are making this request as a Power of Attorney over the Owner, please submit a Certification of Power of Attorney form (available at OxfordLife.com) and all pages of your Power of Attorney documents
- If you are making this request on behalf of a Trust, Guardianship, Conservatorship, or Corporation, please see the final page of this form for additional document requirements

DISCLAIMER: We will run your account and address information through our database to verify where funds are being sent. If we are unable to verify your account or address, or there is a discrepancy with any of the information provided on the form, we reserve the right to request additional alternative forms of identification or other documents.

ACCEPTABLE TYPES OF DOCUMENTS

Signed Forms of ID	Bank Account Information	Proof of Address
• Valid (not expired) Driver's License/ Government / State Issued ID • Passport • Social Security Card • Military ID • Green Card • Voter Registration Card **ID MUST BE LEGIBLE & SIGNED**	Submit a voided check (not a starter check) **OR** Submit a bank-issued letter, on bank letterhead, verifying the account owner(s) name, the complete routing number, and the complete account number.	• Utility Bill (i.e. gas, electric, telephone) • Bank or Credit Card Statement • Vehicle registration • State / Federal Tax Document • Other Financial Institution Document **PROOF OF ADDRESS ITEM CANNOT BE OLDER THAN SIXTY (60) DAYS**

RETURN METHOD

All documents may be emailed, mailed, faxed, or uploaded to us at OxfordLife.com

EMAIL: OxfordPHS@OxfordLife.com
MAIL: 2721 N. Central Ave Phoenix, AZ 85004
FAX: 877-584-2777
UPLOAD: OxfordLife.com, click on "Policyholders" at the top of the page, register for your online portal

OXFORD
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2721 N. Central Ave * Phoenix, AZ 85004
Policyholder Services: 866.641.9999
Fax: 877.584.2777
Email: OxfordPHS@OxfordLife.com
Website: oxfordlife.com

LIFE INSURANCE SURRENDER / CANCELLATION FORM

INSTRUCTIONS:

- Please read all instructions carefully and complete all applicable/required sections of this form
- Unclear or missing information may delay or prevent processing
- Ensure all required printed names, signatures, and dates are included
- Include any required additional supporting documentation
- Any correction(s) must be crossed out and initialed. Use of white-out is prohibited
- Return ALL pages of this form
- See "Processing and Signature Requirements" on the last page for additional requirements
- **ALL signors of this request must submit a copy of a valid, government-issued ID such as a driver's license, passport, or state ID**

OWNER INFORMATION

POLICY NUMBER			
OWNER'S NAME	OWNER'S DATE OF BIRTH		OWNER'S SOCIAL SECURITY # XXX – XX -- __ __ __ __
JOINT OWNER'S NAME (if applicable)	JOINT OWNER'S DATE OF BIRTH		JOINT OWNER'S SOCIAL SECURITY # XXX – XX -- __ __ __ __
MAILING ADDRESS			
CITY	STATE	ZIP + 4	HOME PHONE NUMBER ( ) --
STREET ADDRESS (**REQUIRED** IF MAILING ADDRESS IS PO BOX)			CELL PHONE NUMBER ( ) --
CITY	STATE	ZIP + 4	E-MAIL ADDRESS (optional)

Reason for Surrender / Cancellation:

FULL SURRENDER / CANCELLATION

❑ Check this box if you want to request a FULL SURRENDER of your policy for its Cash Surrender Value.

NOTE:

- **Full surrender will terminate your life insurance policy**
- **If this policy has any Cash Surrender Value greater than zero, I am requesting those proceeds to be distributed to me by the method elected below**

METHOD OF PAYMENT

Please select ONE of the following options. If no option is selected, the proceeds will be mailed to the owner's address of record.

1) ❑ **MAIL A CHECK** to the address of record (Not available if requesting recurring monthly disbursements)

OR

2) ❑ **DIRECT DEPOSIT** (Must be selected if requesting recurring monthly disbursements)

❑ **CHECKING ACCOUNT** ❑ **SAVINGS ACCOUNT**

- **For direct deposits, mark either "Checking Account" or "Savings Account" above**
- **The policy owner must also be the owner of the bank account provided**
- **Submit a voided check (not a starter check) or a bank-issued letter, on bank letterhead, verifying the account owner(s) name, the complete routing number, and the complete account number**
- **If a voided check or valid bank letter is not submitted, a check will be mailed instead**

DISCLOSURES AND AUTHORIZATIONS

Direct Deposit Authorization

I hereby authorize Oxford Life Insurance Company, and/or its third-party administrators, representatives, or agents, ("Oxford Life") to electronically transfer into my account, until further notice, all policy payments due to me and to charge the referenced account to reverse any transfer erroneously posted to my account. I agree that Oxford Life will have no further liability with respect to any payments made in accordance with this authorization and may at any time discontinue my direct deposit and issue checks to me requiring my personal endorsement. I understand this authorization is to remain in full force and effect until Oxford Life has written notification from me of termination and in such manner as to afford Oxford Life and the financial institution a reasonable opportunity to act on it. I, for myself, my heirs, executors, administrators, and assignees do hereby consent and agree that any sums of money deposited to my account after my death, shall be refunded to Oxford Life for distribution to the person or persons, if any, entitled to those sums under the terms of the policy.

I have read, understand, and agree to the following:

- I certify that my policy is not assigned or pledged as collateral to any other person or corporation unless an assignee has signed below. I further certify that the owner is not a debtor in any pending bankruptcy or insolvency, and that the owner is not under guardianship or legal disability unless indicated.
- Outstanding loan balances reduce the Net Cash Value;
- Please verify the loan or surrender provisions and conditions of your policy prior to submitting this form.
- Surrendering a policy terminates the life insurance coverage and any riders;
- I must return the original policy with this form. If the original policy is not attached, I certify that it has been lost or destroyed and that I made a reasonable effort to locate it; and
- The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

REQUIRED SIGNATURES ON NEXT PAGE

SUBSTITUTE FORM W-9

The following information is being collected on this statement rather than an IRS Form W-9 and will be used for supplying information to the Internal Revenue Service (IRS).

Under penalty of perjury, I certify that: (1) the number shown on this form is my correct Social Security/Taxpayer Identification number; and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person.

Note: The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

REQUIRED SIGNATURE

SIGN HERE _____ _____ _____

Owner's Signature **Printed Name** **Date**

If signing as a representative of the Owner, please check the appropriate box below:

❑ Owner ❑ Trustee ❑ Executor of Estate ❑ Power of Attorney ❑ Conservator/Guardian ❑ Officer

SIGNATURES

I have read, understood, and agreed to all sections of this form and authorize this request.

SIGN HERE _____ SIGN HERE _____

Owner's Signature **Date** **Joint Owner's Signature (if applicable)** **Date**

❑ Trustee or ❑ Officer Title: _____ ❑ Trustee or ❑ Officer Title: _____

SIGN HERE _____

Irrevocable Beneficiary or Collateral Assignee's Signature (if applicable) **Date**

If you are signing on behalf of the owner, print your name, sign, and date below, and check the box that describes the capacity in which you are signing: ❑ Conservator ❑ Guardian ❑ Power of Attorney

I certify that the conservatorship, guardianship, or power of attorney authorizing me to act for the policy owner has not been terminated or modified in any way that would affect my ability to act for the policy owner. I agree to indemnify, defend, and hold Oxford Life Insurance Company harmless for, from, and against any losses, liability, claims, and costs (including attorney's fees) resulting from acting on my instructions.

SIGN HERE _____ _____

Signature **Date** **Printed Name**

ATTENTION RESIDENTS OF AZ, CA, ID, LA, NM, NV, TX, WA, OR WI:

If you live or your policy was issued in a community property state listed above, your spouse must sign below:

SIGN HERE _____ **OR** **Check this box if you are not married or your spouse is deceased:** ☐

Owner's Spouse Signature **Date**

PROCESSING AND SIGNATURE REQUIREMENTS

All applicable required signatures must be included when submitting this form. Processing will be delayed if signature requirements are not satisfied.

Spouse Signatures – If the policy was issued in or the owner resides in a community property state (currently AZ, CA, ID, LA, NM, NV, TX, WA, or WI), the owner's spouse must also sign this form. Unless Oxford Life has been notified of a community property interest in the policy, Oxford Life will rely on its good faith belief that no such interest exists and will assume no responsibility for inquiry.

Trust – All Trustees must sign if required by the trust agreement. A copy of the trust agreement and a current Certification of Trustee Powers form must be on file for all requests. If not previously submitted, a complete copy of all pages of the Trust should be submitted with this request. The Trustee(s) should sign their name in the Signature-Owner field and check the "Trustee" box below the signature.

Guardian or Conservator – The guardian or conservator must sign and identify the capacity in which they are signing for the owner. If not previously submitted, a complete copy of the guardianship / conservator papers should be submitted with this request.

Power of Attorney – If not previously submitted, the Power of Attorney signing this form should complete and submit a Certification of Power of Attorney form and all pages of their Power of Attorney documents. An updated Certification of Power of Attorney form is required every 12 months.

Corporation – If the Owner of the policy is a corporation, entity, or business, check the "Officer Title" box below the Owner-Signature line and write the title of the officer signing the request. Provide a copy of the corporate resolution evidencing the officer's signing authority or a copy of the most recent business meeting notes authorizing this request.

Irrevocable Beneficiary – If you previously named an irrevocable beneficiary, the irrevocable beneficiary's signature is required.

Collateral Assignee – If the policy has been assigned as collateral, all assignees must sign.

Address Requirements – If the address provided on this form does not match the address for the Owner on file, please submit proof of this updated address such as a driver's license, passport, state ID, vehicle registration, or a state/federal tax document as proof of address.

Funeral Homes / Assignment Companies – If a Funeral Home or Assignment Company is being named as a Beneficiary or Irrevocable Beneficiary, we must receive a copy of the company's Business License or Corporate Resolution to complete the change request

NOTE: A Funeral Home or Assignment Company MAY NOT BE NAMED as a Beneficiary in the following states: Florida, Georgia, Maryland, Michigan, Montana, New Jersey, Oklahoma, South Dakota, Tennessee, or Texas.

California (CA) Residents – Any person who knowingly presents false and fraudulent information to obtain or amend insurance coverage on an application for insurance, making a change to an existing product, or when notice of a claim is provided to the insurer may be guilty of a criminal offense and subject to penalties under state law.