FAMILY BENEFIT LIFE INSURANCE CO.

ADMINISTRATIVE OFFICE:
PO Box 5205 | Frankfort KY 40602-5205
Phone: 866.440.1357 **Fax:** 502.875.7084

Dear Valued Policyholder:

You have recently contacted our office or visited our website for information about cash surrendering your policy. Before completing the surrender process, please review the following frequently asked questions. Please refer to your policy or call our Customer Service Department at 866-440-1357 for specific information regarding your policy.

What does cash surrender value mean? This is the sum of money that will be paid to the owner if they choose to terminate their policy. The cash value or surrender value is the amount of savings accumulated by the policy. The cash value is not the same as, and is less than the benefit that would be paid upon death. Please refer to the cash value table in your policy for a more detailed illustration or contact a Customer Service Representative.

Is there a charge to cash surrender a policy? There is a charge for surrendering some types of policies. This surrender charge will be deducted from the cash value paid to the owner.

Will unpaid loan balances be deducted from the cash surrender value? Yes, any out-standing loans and interest due will be deducted from the cash value paid to the owner.

Do I have to pay taxes on cash surrenders? You must pay ordinary income tax on any cash value gains you receive. You should contact your tax consultant on any tax matters. If you surrender the policy and there is a taxable amount, you will receive a 1099 from Trinity by the end of January the following year.

If I cash surrender a policy, can I get another life insurance policy in the future? You may or may not be able to qualify for certain types of insurance in the future because qualification is based on factors such as age and health. Also, insurance premiums are based on age and therefore a new policy payment may be higher than your current payment. This policy may not be reactivated after if it is cash surrendered.

Are there options to keep my policy in force without cash surrendering? Policies have different options, please read your policy or contact a Customer Service Representative to determine options available to you. There may be options that allow you to stop paying premiums by using the cash value to change your coverage.

We value you as our policyholder and we encourage you to contact a Customer Service Representative at 866-440-1357 with any questions you have.

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REQUEST FOR CASH SURRENDER VALUE

In consideration of and exchange for the cash value of policy number _____ issued on the life of _____
I hereby surrender said policy for cancellation which shall be effective on the date that this properly executed form is received at the home office.

In accordance with the terms of the policy, it is hereby agreed that any indebtedness thereon to Family Benefit Life Insurance Co., its successors and assigns, will be deducted from the cash value and such cash value is accepted in full settlement and complete satisfaction of all rights, claims, and demands under the policy.

It is expressly represented and warranted that no other person, firm, corporation or other entity has any interest in the policy except the undersigned and that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned.

POLICY IS ENCLOSED? ☐ **Yes**
POLICY IS LOST? ☐ **Yes** I hereby certify that the policy has been lost or destroyed and I have no knowledge as to its whereabouts.

Signed at: _____ , _____
CITY STATE

Date Signed: _____

☐ **Check if your address has changed**

Owner's social security number is: _____ Date of Birth: _____

X _____ **X** _____
Owner's Name (printed) Owner's Signature

Owner's Street Address City State Zip Code

Owner's email address ( ) Day time phone: ☐ Home ☐ Cell ☐ Work

X _____
SPOUSE'S SIGNATURE-IF SPOUSE IS NOT CO-OWNER (REQUIRED IN COMMUNITY PROPERTY STATES – CURRENTLY AZ, CA, ID, LA, NM, NV, TX, WA AND WI)

☐ **Check if Co-Owner's address has changed**

Co-Owner's social security number is: _____ Date of Birth: _____

X _____ **X** _____
Co-Owner's Name (printed) Co-Owner's Signature

Co-Owner's Street Address City State Zip Code

Co-Owner's email address ( ) Day time phone: ☐ Home ☐ Cell ☐ Work

X _____
SPOUSE'S SIGNATURE-IF SPOUSE IS NOT OWNER (REQUIRED IN COMMUNITY PROPERTY STATES – CURRENTLY AZ, CA, ID, LA, NM, NV, TX, WA AND WI)