The Baltimore Life Insurance Company
10075 Red Run Boulevard | Owings Mills, MD 21117-4871
(410) 581-6600 | (800) 628-5433 | baltlife.com

Instructions and Conditions

For an Application to Surrender/Termination of a Policy

SIGNATURES

To process this form, signatures are ***required*** from the following:

- Policyowner
- Co-Owner, *when applicable.* A co-owner *cannot* be a witness to this document.
- Spouse in *Community Property* states
- Witness: A witness signature is anyone 18 years or older who witnesses you sign the form on the same date.

If the Insured is less than age of majority, the Insured may be the Policyowner (refer to the policy). If in doubt, both the Insured and the Policyowner should sign the form.

DEFINITIONS

- CO-OWNER: A person or entity (business or group) who also owns the policy in addition to the policyowner.
- COMMUNITY PROPERTY STATE: States where law governs how property and assets between married people will be divided in the event of death or divorce. These states include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin.
- If you live in a Community Property state, you must complete the "Community Property States" section of this form; otherwise, this form will be returned to you without processing.
- WITNESS: Anyone 18 years of age or older who sees you sign your name on this document on the same date.

IMPORTANT INFORMATION

- All fields indicating *"Required"* must be completed, otherwise the form will be returned to you without being processed.
- If you live in a Community Property state, you **must sign in this section** otherwise the form will be returned to you without being processed.
- Receiving Your Disbursement of Funds: Here are the timeframes you can expect to receive your money after the transaction has been processed:
    - Check: Please allow approximately 7-10 days for USPS mail.
    - Electronic Direct Deposit: Please allow 2-3 business days for the bank to post the funds.

By correctly signing and dating this form, you authorize
The Baltimore Life Insurance Company to surrender (cancel) your policy
for its value, if any, as of the date this document is received
by The Baltimore Life Insurance Company in Owings Mills, Maryland.

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Application for Surrender/Termination

To avoid a delay in processing, all fields indicated as *"Required"* must be completed. If a required field is left blank, this form will be returned to you without processing, and the transaction voided.

Policy Number *(Required)*	Name of Insured/Annuitant
Owner's Name *(Required)*	Owner's Email Address
Owner's Birthdate *(Required)*	Owners' Telephone
Owner's Social Security Number *(Required)* (BY SIGNING THIS FORM, I CERTIFY THAT THIS TAXPAYER IDENTIFICATION NUMBER (TIN) IS TRUE, CORRECT AND COMPLETE)	

IMPORTANT NOTICE

You have requested the release of funds from your policy through a Surrender/Termination of the policy as shown on this application. Please understand that your policy benefits and coverage will end on the date this form is received, and there will be no coverage under the above-mentioned policy number.

If you have questions regarding this transaction, please contact Policyholder Relations at (800) 628-5433.

WARNING: Any person who, knowingly and with intent to defraud or deceive any insurance company, submits materially false, incomplete, or misleading information is guilty of committing a fraudulent act which is a crime and subject to criminal prosecution.

I have carefully read this request and agree it is properly and fully completed.

✖ _____ _____
Signature of Policyowner *(Required)* Date (MO/DD/YYYY) *(Required)*

_____
PRINTED NAME

Policyowner Address *(Required)* _____
STREET, CITY, STATE, ZIP CODE

✖ _____ _____
Signature of Witness *(Required)* Date (MO/DD/YYYY) *(Required)*

_____ _____
Witness *(Please print name)* Phone Number of Witness

COMMUNITY PROPERTY STATES

Signature and social security number of Primary Policyowner's spouse are required for all community property states, including Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.

If you are widowed, divorced or single please indicate here: ☐ **Single** ☐ **Divorced** ☐ **Widowed**

✖ _____ _____
Signature of Spouse *(If applicable, in Community Property States)* Date

_____ _____
SPOUSE PRINTED NAME Soc. Sec. No. *(Required)* Phone Number

WITHHOLDING ELECTION

I understand that if I elect not to have Federal or State income tax withheld, I am responsible for payments of Federal and State income tax on the taxable portion of my withdrawal or distribution. I also understand that I may be subject to tax penalties under the Estimated Tax payment rules if my payments of Estimated Tax and withholding (if any) are not adequate.

If this is an Annuity or Modified Endowment, there may be additional tax consequences.

If neither box is checked below, taxes will NOT be withheld:

☐ **I DO** want to have Federal income tax withheld from my withdrawal or distribution. **24%** unless otherwise noted here:
The Company should withhold $_____FIT $_____SIT
State income taxes should be withheld if required by my state of residence.

☒ **I DO NOT** want to have Federal or State income taxes withheld from my withdrawal or distribution.

Under penalties of perjury, I certify that: 1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); 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 has notified me that I am no longer subject to backup withholding; and 3) I am a U.S. citizen or other U.S. person (defined in the Instructions to the Form W-9); and 4) I am exempt from the Foreign Account Tax Compliance Act (FATCA) reporting.

☐ **Check this box if the IRS has notified you that you are subject to backup withholding.**

The Internal Revenue Service does not require your consent to any provisions to this document other than the certification to avoid backup withholding. (If we are required to report this transaction to the IRS, we will notify you and the IRS next January.)

PAYMENT

Please select one option below on how you would like to receive your payment. If left blank, you will receive a paper check via USPS mail.

☒ Check or
☐ Electronic Direct Deposit*

I authorize The Baltimore Life Insurance Company ("Company") to electronically deposit requested proceeds from the policy as listed above into the bank account described below. If the Company makes an error and deposits funds to my account that should not have been deposited to my account, I authorize the Company to retrieve the monies erroneously deposited to my account. Upon submission of a copy of this form to a bank or financial institution, the bank or financial institution shall immediately return to the Company the amount erroneously deposited to my account. I release the bank or financial institution from any liability or claim I might have that relates to this Authorization. Any claim or action I have under this Authorization shall be against the Company. I agree that this Authorization will remain in effect until canceled by the Company or until the Company has received my written notice of cancellation.

***ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION**
If you selected Electronic Direct Deposit, please complete the following information:

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

Bank Name *(Required)*	Account Type *(Required)* ☐ Checking ☐ Savings
Bank Routing Number *(Required)* Must Be Nine 9 Digits	Account No.

**In processing your request to electronically transfer funds, Baltimore Life uses customer information to verify ownership of the receiving bank account to reduce the possibility of fraud. A void check or bank letter is recommended to verify ownership of the account provided. If there is an inconsistency in the information you have provided to us, and the authorized bank accountholder's information, a paper check will be mailed to the address of record.*