
ANNUITY FULL SURRENDER REQUEST

CONTRACT NUMBER _____ OWNER _____

STREET ADDRESS _____ Is this Address for this request only?

CITY _____ Is this a Permanent Address?

STATE _____ ZIP CODE _____

DAYTIME PHONE # _____ E-mail Address _____

Request is hereby made for payment of the surrender value of the contract, in full settlement and complete satisfaction of all rights, claims, and demands, now and in the future, under this contract, and indebtedness against this contract is to be deducted and it is agreed the liability of the company, except for the surrender value, is discharged and terminated on the date this properly executed form is received in the Administrative Office.

The BenefitNOW Account® is our primary method of paying insurance proceeds over \$5000. BenefitNOW is an interest bearing draft account. By simply writing a draft you have immediate access to your funds whenever you need them. Payment via BenefitNOW does not alter surrender value of contract. A BenefitNOW may not be available in all states or with some products. If a BenefitNOW cannot be established, a single check will be issued to you. Please see the enclosed BenefitNOW insert.

If settlement option different from BenefitNOW Account®, please initial _____

FOR CALIFORNIA RESIDENTS ONLY - In addition to the above for partial withdrawals and/or surrenders, the undersigned expressly waives all protection under California Civil Code §1542. It is the undersigned's intention to fully, finally, and forever settle and release the Company for all matters relating to the transaction(s) herein described. In furtherance of this intention, the release herein given shall be and remain in effect as full and complete notwithstanding the discovery or existence of any additional or different claims or facts.

Withholding Election and Taxpayer Certification (Substitute IRS form W-9)

Tax deferred earnings and any pretax premiums paid into an annuity contract are taxable when the contract is surrendered. You are liable for Federal/State taxes on the taxable portion of your benefits. Unless you tell us otherwise, Federal/State income taxes will be withheld, where applicable. If you elect not to have withholding apply or if you do not have enough Federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Spousal beneficiaries may be subject to mandatory 20% withholding on Tax Sheltered Annuity (403(b)) and pension contracts. NOTE: REGULAR FEDERAL WITHHOLDING IS AUTOMATICALLY 10% IF NO ELECTION IS MADE ON LUMP SUM PAYMENTS. STATE WITHHOLDING WILL BE BASED UPON STATE SPECIFIC REQUIREMENTS. Note: The election below may not be valid in those states that have mandatory withholding. Also, if you are a non-resident alien, you must complete form W-8BEN instead of making this election now and completing the Taxpayer certification.

If you do not want withholding to occur, where opting out is permitted, please indicate such by marking the appropriate selections below:

- a) _____ I do not want Federal income tax withheld from my payment
- b) _____ I do not want State income tax withheld from my payment

Note: If you wish a specific amount or percentage to be withheld, please indicate in the spaces below. We will honor your request, provided it does not conflict with applicable federal or state law.

Specified Federal Tax Election \$ _____ or _____ %
Specified State Tax Election \$ _____ or _____ %

Lost Contract: If the contract is located after the completion of this request, it will be returned to the Administrative Office immediately without any additional rights, claims, or demands made under this contract.

____ After a diligent search, I cannot locate the original contract.

THE FORM MUST BE COMPLETED AND SIGNED BY THE PERSON OR PERSONS, WHO, UNDER THE TERMS OF THE CONTRACT, HAVE THE RIGHTS OF OWNERSHIP.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

Contract Owner's Signature _____ Date _____

Contract Owner's Social Security Number _____ - _____ - _____

Joint Contract Owner/Spouse's (Community Property) Signature _____

Joint Contract Owner/Spouse's Social Security Number _____ - _____ - _____

COMMUNITY PROPERTY STATES

If you currently reside in one of the following states, (or **Puerto Rico**) please complete the information below:

- | | | |
|-------------------|-------------------|-------------------|
| Arizona | Louisiana | Texas |
| California | New Mexico | Washington |
| Idaho | Nevada | Wisconsin |

1) If you have **never been** married, please acknowledge by signing here:

Signature _____ Date _____

2) If you are **currently married**, your spouse must consent to the transaction by signing here:

Signature _____ Date _____

3) If your **spouse is deceased**, please attach a copy of the Death Certificate.

4) If you are **divorced**:

(A) and the policy was included in the Divorce Decree or Property Settlement Agreement and was awarded to you, please attach a certified copy of the document. Spouse's consent not required.

(B) and the policy was not included in the Divorce Decree or Property Settlement Agreement, it will be necessary for your ex-spouse to consent by signing here:

Ex-Spouse's Consent

Ex-Spouse's Signature _____ Date _____

Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that no such interest exists and assumes no responsibility for inquiry. The insured and/or policy owner signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

NO AGENT IS AUTHORIZED TO ALTER THE TERMS OF THE CONTRACT OR BIND THE COMPANY.

[If your policy is a TSA/403(b), you must also submit form AA103.]



Introducing your personal BenefitNOW Account®!

When you receive benefits from an insurance policy, you have the option to choose a BenefitNOW Account. This program provides you a number of attractive benefits, described here.

What is the BenefitNOW Account

Many times, individuals who receive proceeds from an insurance policy aren't prepared to handle those funds immediately. The BenefitNOW Account can help. When your proceeds are safely deposited into your personal BenefitNOW Account, you have time to carefully consider your financial goals and plans for the future. Your funds are available whenever you need them. This account and its benefits are offered to you free of charge by your insurance company. Your account is also backed by state guarantee associations.

ACCOUNT SERVICES

The BenefitNOW Account is a special service that provides you extra value at no cost. With the account, you'll receive periodic statements detailing your balance, activity and credited interest.

EASY ACCESS

The BenefitNOW Account includes free drafting privileges. You can write a draft at any time, similar to your personal checking account, to access some or all of your funds. There are no penalties for making withdrawals and no minimums per withdrawal.

INTEREST PAYMENTS

Your BenefitNOW Account begins earning interest the day it's established. Interest is compounded daily and credited monthly. To hear the current interest rate, call (800) 883-7190.

BENEFICIARY DESIGNATION

When your proceeds are deposited into your personal BenefitNOW Account, you'll receive a welcome kit with a beneficiary designation form. With this option, you can provide for your heirs in the event of your death. To designate a beneficiary, complete and return the form in the reply envelope.

QUESTIONS

To learn more about your options with BenefitNOW Account, call our customer service team at (800) 525-7662.

Terms and conditions

FLEXIBLE ACCESS

By writing a draft, you get immediate access to your funds whenever you need them. There are no penalties for withdrawing any or all of your funds at any time. Drafts from your account are payable through State Street Bank and Trust Company, Boston, MA, and are subject to the bank's rules and regulations. You may write a draft today for any portion of your balance.

BENEFICIARY DESIGNATION

Your BenefitNOW Account can provide for your heirs in the event of your death. Simply complete the enclosed form and return it in the reply envelope. If you designate more than one beneficiary, the available balance will be paid in equal shares, or the entire balance will be paid to the last surviving beneficiary. If no beneficiary survives you, your account balance will be paid to your estate. If you choose not to designate a beneficiary, your account balance will be paid to your estate. You are not required to designate a beneficiary.

INTEREST

Your BenefitNOW Account begins earning interest on the day it is established. Interest is compounded at the end of each day and credited to your account monthly. Your insurance company determines the interest rate and it may be more or less than the company earns on the funds in the account. The interest rate is not guaranteed and is subject to change. The rate is based on periodic evaluation of items such as short-term investment yields and current market rates. To hear the current rate, call (800) 883-7190.

ACCOUNT SERVICES

Your account provides you free, unlimited draft-writing privileges. You can write a draft at any time, similar to your personal checking account, to access some or all of your funds. There are no penalties for making withdrawals, and no minimums per withdrawal. Draft reorders and routine account services are provided at no cost and function similar to your personal checking account. There are no monthly maintenance fees. You will receive a monthly statement via postal mail for each month a transaction is posted to your account. If you have no activity during the month, you will receive a quarterly statement. Your statements will help you track your balance, activity and credited interest. You may register your account, view information and complete limited transactions online through our secure website at any time.

Fees apply only for special services as listed below:

- Copies of drafts or statements \$2 each
- Returned drafts \$10 each
- Stop-payment orders \$12 each

Fee amounts are subject to change without notice.

TAXES

BenefitNOW Account proceeds earn interest that is taxed and tax-reported annually. No previously tax-reported interest is subject to income taxation a second time. Any comments regarding tax consequences are made for general education and informational purposes only. Insurers and their representatives may not by law offer tax or legal advice. Based on your particular circumstances and objectives, you should seek advice from qualified and duly-licensed independent tax or legal advisers. No one may rely upon or use the information here for the purposes of avoiding any tax or tax penalty that may be imposed by the Internal Revenue Code or other applicable law.

After life or annuity benefits have been paid into a BenefitNOW Account, they may no longer retain the special status and protections afforded to life insurance or annuity contracts by federal tax law and by the property laws of your jurisdiction. Pay-on-death (POD) and transfer-on-death (TOD) laws in some states may uphold transfers to beneficiaries under BenefitNOW types of accounts. However, in some jurisdictions claims against such assets also may be made through your will or by heirs under intestacy rules.

CREDITOR CLAIMS

To the extent permitted by state and federal law, your BenefitNOW Account is not subject to the claims of your and/or the decedent's creditors.

ASSIGNABILITY

Your BenefitNOW Account funds cannot be assigned or used as collateral. Any attempted assignment is not binding.

TERMS OF FUNDS

The funds deposited in your BenefitNOW Account are not a bank product and are not FDIC insured. Your funds continue to be held by your insurance company and are backed by the financial strength of your insurance company, as were the premiums paid into the insurance policy. They also are guaranteed by state guaranty associations. For more information on your specific state, visit the National Organization of Life & Health Guaranty Associations (NOLHGA) at www.nolhga.com. For additional information, please contact your state department of insurance.

If no activity occurs on your account for more than three years, your account may be closed and a check sent to you for the balance.

Once benefit disbursement has been made other disbursement options are no longer preserved.