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## 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 \_\_\_\_\_

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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.

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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 \_\_\_\_\_

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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.

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### 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**  
**California**  
**Idaho**

**Louisiana**  
**New Mexico**  
**Nevada**

**Texas**  
**Washington**  
**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 WN103.]

WN102BN (09/11)