

Policy:	<input type="checkbox"/> Non-Tax Qualified	<input type="checkbox"/> Tax Qualified
Insured:	Owner:	

REQUEST FOR PARTIAL SURRENDER

I (we) hereby elect a partial surrender in the amount of: _____.

I (we) understand:

- (a) My (our) policy's face amount and policy value will be reduced by the partial surrender amount.
- (b) This withdrawal will cost _____ taken from my (our) policy value.
- (c) This withdrawal may make it necessary to pay additional premium in the future.
- (d) A partial surrender may not reduce the face amount below the minimum face amount stated in the policy.

Select one of the following:

- 1. I (we) **do not** wish to restore my (our) policy's face value to the amount in effect prior to my (our) partial surrender.
- 2. I (we) wish to restore my (our) policy's face value to the amount in effect prior to the partial surrender.

Evidence of insurability is required IF:

- (A) total partial surrenders exceed \$5,000 in one policy year and/or;
- (B) the policy is being kept in force by a Waiver of Premium or Disability Benefit,

If you select #2 above, contact us for an application. By electing to restore the face amount to the amount in effect prior to the partial surrender, there may be a monthly administrative charge for the first 12 months following the increase.

No bankruptcy proceedings have been instituted by or against me (us) and no one other than I (we) has (have) any claim or interest on this policy.

Please choose your method of payment below.

Check by mail

All checks will be made payable to the Owner(s). If the policy has more than one Owner, the disbursement will be split equally among all Owners and will be mailed to each Owner at the address we have on record for that Owner. If requested, we will issue one check in all Owner's names if located at the same address.

Check will be made payable to: _____

Electronic Funds Transfer (EFT):

If you would like to have the proceeds directly deposited to the Owner's checking account.
Counter or beginner checks are not acceptable. PLEASE ATTACH AN ORIGINAL VOIDED CHECK .

Policy Number: _____

Required: Federal and State Tax Withholding, Social Security Number and Tax Identification Number Certification

Federal and State Tax Withholding

If you are not a United States citizen and you are also not a resident of the United States, then please provide to us with this form your IRS form W-8. If you meet these criteria (not a US citizen and also not a US resident), then this section does not apply to you. The Company will determine the appropriate amount of federal tax withholding based on the information in your W-8. In most W-8 situations the Company is not required to withhold federal taxes. State tax withholding will not be applicable. You may skip to the signature section of this form.

The Company may be required to withhold income taxes on a payment to you. If below you elect to not have taxes withheld, then when you file your tax returns there is a possibility that you will owe more money than if you choose below to have taxes withheld. Each year-end we will report to you on an appropriate IRS form 1099R any taxes that we withheld during that year. Taxes withheld count as part of your total taxes paid when you file your tax returns.

Regarding federal taxes, you may not choose below Do not withhold if the payment will be made to an address (or to an account) in a foreign country. Furthermore, in certain situations a payment from your contract or policy is subject to an additional 10% tax when you file your federal tax return.

Regarding state taxes, some states require that withholding be done at a certain minimum rate. If below you do not make any tax withholding choices, or if your choice below is inconsistent with these rules, then in general the Company is required to choose for you instead a certain minimum rate of state tax withholding.

Please make your tax withholding choices below in the section that is applicable to your policy. You may change at any time the choices that you make below. Your choices will remain in-effect until you notify us that you want to change them.

1) Tax Withholding for IRA's, Non-Qualified Annuities and Life insurance policies Only

a. Federal income taxes

- Withhold 10%
- Withhold \$ _____ or _____ %
- Do not withhold

b. State income taxes

- Withhold \$ _____ or _____ %
- Withhold as required by my state
- Do not withhold

2) Tax Withholding for 401(k), 403(b), or 457 Annuities Only

a. Federal income taxes

- Withhold 20%
- Withhold \$ _____ or _____ %
(cannot be less than 20%)

b. State income taxes

- Withhold \$ _____ or _____ %
- Withhold as required by my state
- Do not withhold

Social Security Number (SSN) or Taxpayer Identification Number (TIN)

This section applies to you if you are either 1) a US citizen, or 2) not a US citizen but are a resident of the US. If you are either, then in the following space please enter your Social Security Number (SSN) _____. If you do not have a SSN but instead have a Taxpayer Identification Number (TIN), then please enter your TIN _____.

Under penalties of perjury, I certify that:

- The SSN or TIN above is correct.
- I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the IRS that I am subject to backup withholding due to failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a US Citizen or a US resident alien.
- (This statement only applies to entities. If you are an individual, then this statement does not apply to you. If you are an individual, then when you sign this form below you are not making a certification regarding this statement.) The FATCA codes listed on this form that indicate an exemption from FATCA reporting are correct.

You should strike through above any of the first three statements that do not apply to you. The Company is required to withhold taxes on certain payments to you if you are subject to backup withholding.

Your federal tax classification (if you are not an individual):

- Single-member LLC
- C Corporation or S Corporation
- Partnership
- Trust/Estate
- LLC classified as a C Corporation or a S Corporation
- LLC classified as Partnership
- Other (explain) _____

FATCA code(s): If you are an entity, then please enter your code(s) below. The IRS instructions (per the IRS web address below) explains these codes. If you are an individual, then you should not fill-in any codes below:

Exempt Payee Code: _____

Exemption from FATCA Reporting Code (if any): _____

Please consult your tax advisor regarding any questions that you may have about this certification. If there are more than one US signatories on this form, please provide the above for both signatories. There are additional instructions regarding this substitute form W-9 at www.irs.gov/forms-instructions.

Except if you have provided to us an IRS form W-8, when you sign this form below you are making the tax-related certifications above (except for any above that you strike through). The IRS regulations that require you as a US citizen or a non-citizen resident of the US to make these certifications do not extend to any of the Company's administrative provisions in this form.

Policy Number: _____

SIGN HERE FOR THE ABOVE REQUEST(S)
Please read the Signature Requirements to avoid a delay in processing.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Owner's Email Address	Owner's Signature (Provide title if officer of corporation)	Date
Owner's Daytime Phone Number	Owner's Printed Name	
Owner's Email Address	Owner's Signature (Provide title if officer of corporation)	Date
Owner's Daytime Phone Number	Owner's Printed Name	
Witness Signature Disinterested Party of Legal Age	Witness - Printed Name	Date
Assignee Signature (Provide title if officer of corporation)	Assignee's Printed Name	Date

Signature Requirements

1. Please complete the forms in BLACK ink to ensure that they are legible for processing.
2. If the policy is assigned, the Assignee must also complete and sign a release of assignment form.
3. If the Owner resides in a community property state, we recommend that the Owner's spouse join in signing this form. This is for the protection of both parties. Please indicate your status as spouse or Owner on the above signature line.
4. If the policy is owned by a partnership, association or company, this form should be signed by an officer other than the Insured. If the policy is owned by a corporation, this form must be signed by an officer other than the insured and the signature must be attested by the Secretary of the corporation or two officers should sign.
5. Signatures should be witnessed by a disinterested party of legal age.
6. A notarized signature is required by the Owner(s) to mail a check to an address other than the address of record.
7. If the policy has multiple Owners, a notarized signature is required by the Owner(s) if requesting to make the check payable to someone other than as indicated in the "Check Will Be Made Payable To" section.
8. If the policy is trust owned, please send the section of the trust that indicates the title of the trust, trustees rights, any pages pertaining to the Life Insurance policy and the signature page. ALL applicable trustees must sign.
9. If the POA, Legal Guardian or anyone with legal authority is signing this form, please send ALL pages of the legal document. ALL applicable signatures are required.