



AUTHORIZATION FOR SURRENDER

Contract Number: _____ Contract Owner(s): _____

I authorize a full surrender of my annuity contract.

I authorize a partial surrender of my annuity contract in the amount of \$ _____ after any applicable taxes and charges.

TAX WITHHOLDING ELECTION: (Note: 10% Tax Automatically withheld if withholding option not elected.)

I do NOT elect to have taxes withheld

I do elect to have taxes withheld in the amount of \$ _____ or _____ %

State income tax withholding _____ %

IMPORTANT TAXPAYER INFORMATION

I understand if there is a reportable distribution due to the withdrawal, it will be reported to the Internal Revenue Service (IRS) for the calendar year the withdrawal is made. If I am under age 59 1/2, an IRS Federal Excise Tax may apply to the withdrawal. I understand that, due to State Regulations, Atlantic Coast Life Insurance Company is required to withhold State Taxes regardless of the Federal election if I reside in CA, NC, OK, OR or GA. If I reside in DE, IA, KS, MA, ME, NE, or VT, Atlantic Coast Life Insurance Company is required to withhold State Income Tax if Federal Income Tax is withheld. I further understand that even if I elect not to have Federal Income Tax withheld, any reportable distribution will be reported to the IRS.

OWNER ACKNOWLEDGEMENT: By signing below, I acknowledge full understanding of the following:

- If monthly interest is being distributed on this contract, it will be discontinued until the next contract anniversary. In order to resume the distribution of monthly interest, I will need to notify Atlantic Coast Life Insurance Company.
- If the Policy was issued in a community property state, or if the Owner currently lives in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), both spouses must sign the form.
 - If you do not provide us with your spouse's signature, please make notation of your current marital status.
 - In case of divorce, in order to ensure that spousal interest in community property has been protected, a copy of the relevant parts of the divorce decree is required (i.e., front page, signature page and any page referencing the annuity contract). If there is no mention of the annuity contract in the divorce decree, the former spouse must sign this request. If this is not possible, please contact our Customer Service Department.

I certify that I am not under guardianship, nor have I made any assignment, pledge or executed any document affecting ownership or right to any monies due or to become due under this contract, and further that no proceedings in bankruptcy are pending to which I am a party. This authorization is to remain in full force and effect until written notification is received from me of its termination in such time and manner as to afford Atlantic Coast Life Insurance Company a reasonable opportunity to act on it.

The following is required by the IRS: **UNDER PENALTY OF PERJURY, I CERTIFY THAT THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER ID NUMBER AND I AM NOT SUBJECT TO BACK-UP WITHHOLDING.**

This form dated at _____ on the _____ on the _____, 20 _____

Signature of Owner(s) - If Joint, both must sign

Signature of Joint Owner

Signature of Spouse (if community property state)

Owner's Social Security Number

Signature of Adult Witness

Owner's Telephone Number

SEPARATE FORM FOR EACH CONTRACT IS REQUIRED

Administrative Office • PO Box 27248, Salt Lake City, UT 84127-0248 • Toll Free 844-442-3847 • Fax 888-433-4795