

Insured/Annuitant: \_\_\_\_\_

Policy/Contract Owner: \_\_\_\_\_

Policy/Contract Number: \_\_\_\_\_

**SECTION 1:** The cash surrender value is requested and will be accepted in full payment of and release of all claims under the policy. I certify that no bankruptcy proceedings, attachment, tax or other lien or claim is now pending against the owner.

- Policy/Contract submitted.
- I certify that the original policy/contract and any duplicates or certificates thereof have been lost or destroyed.

**SECTION 2:** I understand that the surrender may be subject to Federal income tax withholdings unless I elect not to have withholding apply.

- I elect to have **10%** withholding on my taxable distribution.
- I elect to have **20%** withholding on my taxable distribution.
- I elect to have \_\_\_\_\_ withheld on my taxable distribution.
- I elect **not** to have withholding on my taxable distribution.


**I Acknowledge and fully understand that by surrendering my policy I am subject to a \$ surrender charge. This amount may vary according to the terms of my policy based on the processing date of the surrender.**

**Please Process:**     Immediately     On or After:

ADDITIONAL INSTRUCTIONS:

Date of Birth and Social Security Number of Contract Owner:

SSN: \_\_\_\_\_    DOB: \_\_\_\_\_

**Signature**  \_\_\_\_\_ Date \_\_\_\_\_  
**Policy Owner(s)**

**Witness** \_\_\_\_\_ Date \_\_\_\_\_  
(No Relation to Owner or Beneficiaries)

Assignee \_\_\_\_\_ Date \_\_\_\_\_  
(If this policy is assigned to a company)

**\*W-9 must be completed and returned with this form.**

Original to American Heritage Life – Copies to Policy Owner and Agent