

INSURANCE COMPANY PO Box 11948, Winston Salem, NC 27116 Phone: (833) 658-2840 †Fax: (727) 399-6965

## **POLICY CASH SURRENDER FORM**

Policy Number:		Insured	:		
□ Married □ Sing	le 🗆 Widowed 🗆 Divoi	rced – Please speci	fy – Date	State	
I, policy for its full c	ash value, less any ou	, the c, the c	wner of the ab ans, subject to	ove policy, hereby surrende the provisions in the policy	er the contract:
	<b>at:</b> his policy means that in h benefit is <b>terminate</b>		ated		
INDICATE TAX W	VITHOLDING: DUit	hhold% Federa	al Tax% Sta	ate Tax 🛛 Do Not Withhold	Federal Tax
□ I have enclosed □ I certify that the agree that if the o Company and in r Life Insurance Cor	riginal policy, a Duplic o event will it constitu	<b>CY</b> (or Certificate of licy is lost or destro- cate Policy of Certifi ute a claim against e fully indemnified	byed and I have icate of Coverage the Company. I and held harml	e no knowledge of its where ge is found, it will be return I further agree that Colorad less against any and all clai	ed to the lo Bankers
	oolicy is not pledged or olvency have been file			corporation, and that no pro undersigned.	ceedings of
Date Signed	gned Owner's Social Security Number				
Signature of Owne	re of Owner Owner's Name Printed				
SPOUSAL CONSE	NT (If residing in a Cor	mmunity Property S	State – AZ, CA, (	GU, ID, LA, NV, NM, TX, WA,	or WI:
I,	, $\Box$ Spouse $\Box$ Former Spouse of the owner of the above-				oove-
	linquish all of my rights t perty Laws of the State of			e policy, now or in the future, t	oy virtue of
NOTARY SECTION	: (Owner's signature n	eeds to be notarize	ed)		
STATE OF					
COUNTY OF					
	day of	(Month/Year)		e undersigned, a Notary Public in and f	
County and State persona name is subscribed to the	Illy appeared within instrument, and acknow	ledge that he/she executed		(or satisfactorily proven), to be the per	rson whose
In Witness whereof, I her	eunto set my hand and official	seal.			
(Seal)				tary Public / Commission Expires:	

†Bankers Life Insurance Company (Bankers Life) is not responsible for undelivered mail. To protect your personal information, Bankers Life recommends certified mail or some other service such as FedEx or UPS. **Do not** send the form by unsecured email. You can transmit the form via facsimile; however, Bankers Life shall not be responsible for any unintended disclosure or breach of such facsimile transmission. If you choose to send it by fax, and accept responsibility for any unintended disclosure or breach of such facsimile transmission, the fax number is: (727) 399-6965

# COLORADO BANKERS LIFE INSURANCE COMPANY and BANKERS LIFE INSURANCE COMPANY, in Liquidation RELEASE, SUBROGATION AND ASSIGNMENT FORM

### For Use with Annuities – Full Surrenders and/or Partial Withdrawals Payments to the Owner To Be Executed by Owner

Coverage is being provided by the life and health insurance guaranty association ("Association") based on the owner's state of residence subject to and in accordance with its enabling act. Completion of this form is required before the Association provides coverage.

Company (check one):					
<ul> <li>Colorado Bankers Life Insurance Company</li> </ul>					
<ul> <li>Bankers Life Insurance Company</li> </ul>					
Policy Number(s):	Policy Owner Name:				
	Policy Owner State of Residence:				
Payment Amount: [] Full Surrender of the covered benefits provided by the Association					
[] Partial Withdrawal of the covered benefits provided by the Association					
Amount of Partial Withdrawal <sup>1</sup> :					
Policy Owner Contact Information:					
Address:					
Phone #:					
Email:					

Policy Owner Statements:

Owner represents and warrants that the following statements are true and correct to the best of Owner's knowledge:

(i) Owner is the owner of the above referenced Policy.

(ii) The Policy and the Payment Amount is each valid, due and owing to Policy Owner subject to the terms of the Policy.

(iii) As of the Rehabilitation Order Date, June 27, 2019, Policy Owner was a resident of the following state: [\_\_\_]

(iv) As of the Liquidation Order Effective Date, November 30, 2024 Policy Owner was a resident of the following state: [\_\_\_].

<sup>&</sup>lt;sup>1</sup> Owners of multiple annuities should identify the policy number of the annuity that they are taking a partial withdrawal from next to the amount of the partial withdrawal.

Owner hereby accepts the Payment:

[\_\_] For Full Surrender: As payment in full of any and all of the Association's obligations related to the Policy(ies) and understands that no further obligation is due from Association.

[\_\_] For Partial Withdrawal: As partial payment of any and all of the Association's obligations related to the Policy(ies) and understands that no further obligation is due from Association with respect to such payment amount.

If it is subsequently determined that any other person is legally entitled to the proceeds of this Policy, Owner agrees to reimburse Association for the Payment Amount.

## Subrogation, Transfer and Assignment.

In consideration of the provision of coverage and payment of the Payment Amount by the Association and other good and valuable consideration, up to the Payment Amount, Owner hereby sells, transfers and assigns to the Association, its successors and assigns, any and all past, present and future claims, demands, actions, rights and/or causes of action Owner may have against the Insurer and any other persons or entities related in any way to the Policy (and/or any losses arising under, resulting from, or otherwise relating to the Policy or its purchase) and the Association (and its successors and Assigns) shall have full power and authority for its own use and benefit, at no cost to Owner, to ask, demand, collect, prosecute, dismiss or settle any suit or proceedings at law or in equity against the Insurer or any other persons or entities in Owner's name. Owner further agrees to cooperate with the Association (and its successors and Assigns) in its prosecution of any suits or proceedings against the Insurer and all other persons or entities, and will voluntarily testify on behalf of the Association (and its successors and Assigns), if asked.

#### Release.

Upon Full Surrender, in consideration of the provision of coverage and payment of the Payment Amount by the Association and other good and valuable consideration, Owner and Owner's heirs (if any), personal representatives, guardians, assigns, successors, agents, and all other persons claiming by or through Owner do hereby release and discharge the Association, the National Organization of Life and Health Insurance Guaranty Associations, their respective members, officers, directors, affiliates, agents, attorneys, employees, successors and assigns (collectively the "Association and Related Parties") of and from any and all actions, causes of action, claims, demands, costs, expenses, compensation and any and all consequential or special damage or other damage, past, present or future, whether known or unknown, on account of or in any way arising out of the Policy. This release is not intended in any way to release or discharge any person or entity other than the Association and Related Parties as set forth herein.

Owner has carefully read the foregoing Release, Subrogation and Assignment and knows the contents hereof and has signed this Release, Subrogation and Assignment voluntarily and with full knowledge of its contents.

The undersigned is legally authorized to sign this Release, Subrogation and Assignment and bind Owner.

Owner	
Name:	
Signature:	
Date:	
SPOUSAL CONSENT (If residing in a Community Prope TX, WA, or WI):	rty State – AZ, CA, GU, ID, LA, NV, NM,
I,	ights to any interest which I may have in the
Signature of	Date