2000 Wade Hampton Blvd • Greenville, SC 29615-1064 Telephone: 800-880-1370 • Fax: 864-609-3444

Insured/Annuitant:			
Policy/Contract Owner:			
Policy/Contract Number:			
		rill be accepted in full payment of and release of all claims tachment, tax or other lien or claim is now pending against	
Policy/Contract submitted	ed.		
I certify that the original	policy/contract and any duplic	cates or certificates thereof have been lost or destroyed.	
SECTION 2: I understand th have withholding apply.	nat the surrender may be subje	ect to Federal income tax withholdings unless I elect not to	
I elect to have 10% with	nholding on my taxable distribu	ition.	
I elect to have 20% with	nholding on my taxable distribut	ition.	
I elect to have	I elect to have withheld on my taxable distribution.		
I elect not to have withh	olding on my taxable distribution	ion.	
Please Proces		On or After:	
ADDITIONAL INSTRUCTIC	DNS:		
Date of Birth and Social Securit	ty Number of Contract Owner:		
SSN:		DOB:	
Signature <u>X</u> Policy	Owner(s)	Date	
(No Re	lation to Owner or Beneficiaries)	Date	
Assignee		Date	
_	ey is assigned to a company)		
*W-9 mi	ust be completed an	d returned with this form.	
	Original to LifeSecure – Copie	s to Policy Owner and Agent	