

WITHDRAWAL OR SURRENDER REQUEST

ANNUITY NUMBER _____ **FULL NAME OF ANNUITANT** _____

- PARTIAL WITHDRAWAL:** (Please select one.): 10% Penalty Free
 Maximum Penalty Free
 Other _____

FULL CASH SURRENDER

I hereby cancel this annuity and request payment of its Surrender Value, if any. Such payment is acknowledged as full settlement of any and all claims under this annuity. Such cancellation shall be effective immediately. I/We further represent that no bankruptcy proceeding filed by or against me/us are now pending and that no liens are outstanding against this annuity, except as follows:

THE ANNUITY MUST BE RETURNED BEFORE THE CASH SURRENDER CAN BE PROCESSED.

Please check one of the following:

- Annuity enclosed.
 I have lost, destroyed, or mislaid my annuity specified above and request that the value of said annuity be paid. I hereby agree (on my behalf of my heirs, assigns, and legal representatives, or any other person claiming rights through me) to indemnify and protect the Company against any claim which may be asserted against the Company on the basis of such policy certificate, and to reimburse the Company for any payment it may make, or expense it may incur with respect to any such claim.

**Election of Withholding and Request for Taxpayer Identification Number and Certification
 FEDERAL/STATE WITHHOLDING INSTRUCTIONS:**

You must indicate if Federal/State Income Tax should be withheld from your payment by signing and dating this election form and returning it to the Company.

Even if you elect not to have Federal/State Income Tax withheld, you are liable for Federal/State Income Tax on the taxable portion of your benefits. You also may be subject to tax penalties under the Estimated Tax Payment rules if your payment of estimated tax and withholding, if any, is not adequate.

If you have any questions about your tax liability, please contact your tax advisor.

- I **do not** want Federal/State Income Tax withheld from my payment.
 I **do** want Income Tax withheld from my payment. Federal _____% State _____%

TAXPAYER IDENTIFICATION NUMBER (TIN):

Social Security Number ____/____/____ or Employer Identification Number ____/____

Certification - Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

 Owner's Signature*

 Joint Owner's Signature

 Signature of Owner's Spouse
 (Required for Community Property States—
 AZ, CA, ID, LA, NM, NV, TX, WA, WI)

 Signature of Assignee, if Assigned

 Address

*For corporations, signature must be officer other than Insured.

 Date

