

REQUEST FOR DISTRIBUTION - LIFE

- Federal and State Withholding Elections MUST be completed for any distribution request (page 3)
- Signature of assignee (if applicable) is mandatory for any distribution request

Allstate Assurance Company, P.O. Box 660191, Dallas, TX 75266-0191, Phone 1-800-366-1411, Fax 1-877-255-1329
Allstate Life Insurance Company, P.O. Box 660191, Dallas, TX 75266-0191, Phone 1-800-366-1411, Fax 1-877-255-1329

1. GENERAL INFORMATION

Owner's Name:	Owner's Telephone Number:
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Insured's Name (if other than Owner):

Existing Policy #: (NOTE: Only one policy number per form please)

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Owner's Street Address (City, State, Zip) (No P.O. Boxes if you live in AL, KY or LA):

Owner's Date of Birth:	Owner's SSN/TIN:	Joint Owner's SSN/TIN:																								
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Joint Owner's Name:

Assignee's Name (if applicable):	Assignee's SSN/TIN:								
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2. SURRENDER/REPLACEMENT (Completion of page 3 is mandatory for Surrender only)

Surrender: Please surrender my policy: **NOTE: If my request is for a full surrender and my original policy is not enclosed, I certify it has been lost or destroyed. I understand that this cancellation is final and the policy will not be able to be reinstated once this has been processed.**

Replacement: I have applied for a new life insurance policy with: Allstate Assurance Company **OR** Allstate Life Insurance Company

This new life insurance policy will replace my existing life policy listed above. I request that my existing policy be terminated immediately when the new policy becomes effective. I understand that the new policy will become effective, subject to its terms and the provisions of the application, when it has been issued, first premium has been paid in full, and any required amendments have been signed.

3. LOAN (Completion of page 3 is mandatory)

Net Loan of \$ _____ Maximum Loan Available

4. PARTIAL SURRENDER/WITHDRAWALS (Completion of page 3 is mandatory for all options listed in this section except "Withdrawal of accumulated Excess Credits") - Not all options are applicable to all products, please consult your policy for details.

Net Partial Surrender \$ _____ Gross Partial Surrender \$ _____ Max Partial Withdrawal

Partial Surrender to pay loan balance Withdrawal from Paid-Up Insurance \$* _____

Withdrawal of accumulated Excess Credits \$* _____

* For Whole Life Advantage Only

5. SPECIAL INSTRUCTIONS



6. SIGNATURES

Notice to Policyholder: Funds released when borrowing, surrendering, or withdrawing any policy values may affect the guaranteed elements, non-guaranteed elements, face amount or surrender value of the policy.

Substitute Form W-9 - Under penalties of perjury, I certify that:

- 1. 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
- 2. 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 (IRS) 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; and
- 3. I am a U.S. citizen or other U.S. person; and
- 4. The FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

Sign Here

Owner's Signature (Title, if applicable) _____ Date (MM/DD/YYYY)

Joint Owner's Signature (Title, if applicable) _____ Date (MM/DD/YYYY)

Assignee (Title, if applicable) _____ Date (MM/DD/YYYY)

Agent's Name _____ Agent Number Agent Phone # _____ Date (MM/DD/YYYY)



WITHHOLDING ELECTION FOR TAXABLE LIFE INSURANCE DISTRIBUTIONS

A SEPARATE SIGNATURE MUST BE RECEIVED FROM EACH OWNER ON A POLICY
(Joint Owners are encouraged to make unanimous elections to avoid delay in processing)

Policy #:

Resident State: _____

1. WITHHOLDING ELECTION

- NO WITHHOLDING** - I do NOT want Federal Income Tax withheld. Federal Income Tax will be withheld unless this box is checked. You may not elect out of mandatory federal withholding if you are a Non-Resident alien, U.S. Citizen living abroad, or request an eligible rollover distribution from a plan qualified under Section 401 or 403(b) of the Internal Revenue Code ("Code").
- WITHHOLDING** - I want _____ % of the taxable portion of my distribution withheld for Federal Income Tax. Minimum withholding is 10%, and maximum is 99% of the taxable amount. You may choose another percentage greater than 10%, but you may not select a dollar amount.
- Distributions from a plan qualified under Code Section 401 or 403(b) may be subject to 20% withholding. If you request such a distribution, you will receive a notice outlining the applicable rules.
- I AM NOT A U.S. PERSON (INCLUDING A U.S. RESIDENT ALIEN.)** By checking this box, I agree the substitute Form W-9 below does not apply to me. Please provide a completed IRS Form W-8, otherwise we are required to withhold 30% of the taxable amount. A reduced withholding rate pursuant to a tax treaty between the U.S. and your country of residence may be available if claimed on a completed IRS Form W-8.

Please consult with your tax advisor prior to taking a distribution or surrendering your policy. You must include in gross income any gain that is distributed from your policy, and this Company must report the income to the Internal Revenue Service. You cannot offset the reportable income even if you offer to return the unendorsed check to us. The Company does not allow reinstatements of surrendered life insurance policies.

2. NOTICE OF WITHHOLDING

You may contact us at any time prior to the distribution to revoke or change your withholding election. Even if you elect not to have any withholding apply, you are liable for the payment of Federal Income Tax on the taxable portion of the distribution. If you do not make payments of estimated tax, and do not have enough tax withheld, you may be subject to penalties under the estimated tax rules. If the withholding section is left blank, or if your social security number or tax identification number is not provided, we will withhold 10% of the taxable portion from partial withdrawals and lump sum distributions. **If no response is received within 10 days, we will deduct withholding from your proceeds.**

3. STATE WITHHOLDING

We do not voluntarily withhold in states where state withholding is not required. Please see rules below for state withholding.

(A) For AR, CA, CT, IA, KS, ME, MA, MI, NE, OK, OR, VA, and VT: If you choose or are required to have federal income tax withheld, depending on the type of distribution, the laws in your state may require that state income tax be withheld. We will automatically withhold your state default unless your state allows you a different option and we receive a compliant instruction from you otherwise.

- **CT** You must complete a form CTW-4P with your withholding election form or we will withhold the state default.

(B) For AR, CA, IN, MI*, MT, NE, OK, and OR: The state may permit you to elect in or out of withholding. Do you want state income tax withheld?

YES* **NO*** If YES - we will automatically withhold your state default, except in the following states:

- **IN, MT:** Please provide the whole dollar amount to be withheld from your distribution \$ _____. The amount must be at least \$10 and percentages are not permitted. If you do not include a dollar amount here, this form will be returned as not completed.
- **CA:** Specify the whole dollar amount to withhold: \$ _____. The amount must be at least \$10. Otherwise, we will withhold 10% of the federal withholding amount, if any.
- **MI*:** You must complete a form MI W-4P with your withholding election form.

(C) For AL, AK, AZ, CO, DE, DC, FL, GA, HI, ID, IL, KY, LA, MD, MN, MO, MS, NV, NH, NJ, NM, NY, NC, ND, OH, PA, RI, SC, SD, TN, TX, UT, WA, WV, WI, WY, VI, Guam and PR: You may not elect state tax withholding.

4. SIGNATURES

Substitute Form W-9 - Under penalties of perjury, I certify that:

1. 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
2. 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 (IRS) 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; and
3. I am a U.S. citizen or other U.S. person; and
4. The FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

SIGN HERE

Owner's Signature Date (MM/DD/YYYY) SSN/TIN _____
Daytime Phone

Joint Owner's Signature Date (MM/DD/YYYY) SSN/TIN _____
Daytime Phone



Life insurance is a critical part of a broader financial plan. There are many options available, and you have the right to shop around and seek advice from different financial advisers in order to find the option best suited to your needs.

You are encouraged to consider the following possible alternatives to requesting a surrender of your life insurance policy, requesting accelerated death benefits under your life insurance policy, or letting your life insurance policy lapse. These alternatives include, but are not limited to:

- **Accelerated Death Benefit:** Your policy may provide an early or accelerated discounted benefit payment if you have a terminal or chronic illness.
- **Cash Surrender:** Your policy may have a cash surrender value your life insurer would pay you if you cancel it.
- **Gift:** You may be able to gift your policy to your beneficiary, who would then assume responsibility for paying premiums.
- **Life Settlement:** You may be able to sell your life insurance policy to a third party for an amount greater than the cash surrender value or accelerated death benefits under your policy. You pay no further premium. The third party becomes the policyholder and receives the benefit upon the insured's death.
- **Maintain Your Policy:** You may be able to maintain your life insurance policy in force by paying the premiums directly or using your current policy values to pay the premiums.
- **Policy Changes:** You may be able to reduce or eliminate future premium payments by obtaining a paid-up policy, by reducing optional coverages, or through other options available from your life insurer.
- **Policy Loan:** You may be able to take out a loan from your life insurance company using the cash value of your policy as collateral. Loan proceeds can be used to pay the premiums or for other purposes.
- **Third-Party Loan:** You may be able to get a loan from another party to pay your policy's premiums. In return, the lender may require an assignment of a portion or all of the policy's death benefits.

These options may or may not be available depending on your circumstances and the terms of your life insurance policy. Please see your policy or contact your life insurance company, financial adviser, agent or broker to determine your particular options.



COMMONLY USED TERMS

Accelerated Death Benefit: A benefit allowing terminally ill or chronically ill life insurance policyholders to receive cash advances of all or part of the expected death benefit. The accelerated death benefit can be used for health care treatments or any other purpose.

Cash Surrender Value: This term is also called "cash value," "surrender value," and "policyholder's equity." The amount of cash due to a policyholder who cancels his or her life insurance policy before it matures or death occurs.

Expected Death Benefit: The amount that the insurance company would pay the beneficiaries named in the life insurance policy if the insured died today.

Face Amount: The death benefit the insurer is required to pay the beneficiaries named in the life insurance policy upon the death of the insured, as stated in the policy. The actual death benefit may differ due to such factors as policy loans, failure to pay premiums, and for some types of policies, investment performance.

Lapse: Refers to a life insurance policy ending or expiring when a policyholder stops making premium payments.

Life Settlement: A contract in which the policyholder sells his or her life insurance policy to a third party for a payment that is less than the expected death benefit of the policy. Life settlements include viatical settlements, defined below.

Policy Loan: A loan issued by an insurance company using the cash value of a person's life insurance policy as collateral.

Viatical Settlement: An arrangement in which someone with a terminal illness sells his or her life insurance policy at an amount less than the death benefit. The ill person receives cash, and the buyer receives the full amount of the death benefit. This death benefit is payable once the former policyholder dies.

This brochure is for informational purposes only and does not constitute an endorsement of any of the options described above.

KENTUCKY RESIDENTS:

If you're a Kentucky resident and have questions about life insurance and your rights, contact the Department of Insurance at 800-595-6053 (in-state only), or go to <http://insurance.ky.gov>. Ask questions if you don't understand your policy.

MAINE RESIDENTS:

IMPORTANT INFORMATION: Maine law requires life settlement brokers to have a proper license. If you are approached to sell your policy or if you are looking to sell your policy, please check with the Maine Bureau of Insurance for a list of licensed life insurance producers.

If you're a Maine resident and have questions about life insurance and your rights, contact the Maine Bureau of Insurance at 1-800-300-5000, or go to www.maine.gov/pfr/insurance. Ask questions if you don't understand your policy.

OREGON RESIDENTS:

***Life Insurance is a critical part of a broader financial plan. There are many options available, and you have the right to shop around and seek advice from different financial advisers in order to find the option best suited to your needs.** For more information, please contact the Oregon Insurance Division of the Department of Consumer and Business Services at (503) 947-7984, Toll-Free at 1-888-877-4894 or http://www.cbs.state.or.us/external/ins/consumer/life-insurance/understand_life.html*

WASHINGTON RESIDENTS:

If you're a Washington state resident and have questions about life insurance and your rights, contact the Office of the Insurance Commissioner at 1-800-562-6900, or go to www.insurance.wa.gov. Ask questions if you don't understand your policy.

