Assurity® Life Insurance Company
402-476-6500 | 800-869-0355 | FAX 888-255-2060
Assurity® Life Insurance Company of New York
844-401-7585 | FAX 888-255-2060
Admin: Office: P.O. Box 82533, Lincoln, NE 68501-2533

Surrender Request

First, Middle, Last

Insured's Name _____ Policy/Certificate Number(s) _____

Owner's Phone No. ( ) _____ Owner's Email Address _____

SURRENDER

When surrendering a policy, please return the policy if available.

Owner's Soc. Security/Tax ID No. _____ *(Note certification above signature line.)*

Tax Withholding: ☐ Yes ☐ No If Yes, Federal: $ _____ or _____ % State: $ _____ or _____ %

DISTRIBUTION METHOD

☐ Check ☐ Direct Deposit *(complete Bank Authorization section)*

BANK AUTHORIZATION *(must be deposited to Owner's bank account)*

Type of Account: ☐ Checking ☐ Savings

I (we) hereby authorize Assurity to initiate credit entries to my *(our)* account indicated below, and I *(we)* authorize the bank indicated below to accept and to credit the amount of such entries to my *(our)* account. Such authorization does not allow Assurity to debit entries to my *(our)* account.

Account Holder _____ Bank Name _____

Nine-digit Bank Routing No. _____ Your Account No. _____

Please confirm that your routing number and account number are correct.

MISCELLANEOUS

NOTE: By signing this form, you are requesting a surrender of your policy. Once surrendered the policy/certificate cannot be reinstated.

Substitute Form W-9 information *(Request for Taxpayer Identification Number and Certification)*: I, the Owner *(or each Joint Owner)*, certify under penalties of perjury that the number shown is my correct Taxpayer Identification Number. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. Person *(including a U.S. resident alien)*. The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

Assurity may obtain a consumer report pursuant to the federal Fair Credit Reporting Act (FCRA) for purposes of verifying and authenticating this account. I *(we)* hereby consent and authorize Assurity to obtain such a report and I *(we)* understand that if any adverse action is taken based on the report, I *(we)* will be notified according to the FCRA.

_____ _____
Date (MM/DD/YYYY) *Signature of Owner/Account Holder*

_____ _____
Signature of Agent (if witnessed) *Signature of Joint Owner*

Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, New York. Product availability, features and rates may vary by state.