

Request For Surrender and Cancellation



Hartford Life Insurance Company
Hartford Life and Accident Insurance Company
Hartford Life and Annuity Insurance Company
Individual Life Operations Center P.O. Box 64582, St. Paul, MN 55164-0582

Contact Information:

Clients
Call 1-800-243-5433
Fax
1-888-568-9705

Section A - Policy owner information (you must complete this section)

Policy number		Insured's name	
Owner's name (if different from the insured)		Owner's Social Security or Tax Identification Number	
Policy owner's telephone number (area code first)	Best time to call <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Policy owner's e-mail address	
Mailing address			
City		State	Zip Code

Section B - Policy Surrender / Cancellation

I wish to surrender the Hartford life insurance policy referenced. It is understood that the surrender will be effective as of the date this request is received by Hartford in good order. Hartford will be held harmless from all claims and liabilities under the policy regardless of whether the policy is found subsequent to receipt of the surrender request. Any cash surrender value in the policy will be sent upon termination.

Section C - Income Tax Withholding instructions (you must complete this section*)

Hartford reports and withholds on distributions from your policy based on its business records. These records may include policy information received from any prior insurance carrier. Regardless of the information reporting and withholding that Hartford conducts, it remains your responsibility to file any required tax returns and pay any taxes associated with this surrender.

Federal Income Tax Withholding

Federal tax law requires us to withhold 10% of the taxable amount of your withdrawal request for lump sum payments unless you tell us not to. Even if you tell us not to withhold taxes, you may have to pay federal and state income taxes on the taxable portion of your withdrawal. You may also have to pay tax penalties if your estimated tax withholdings are not adequate. Your signature on this form acknowledges that you have read this information about income tax withholding and that the social security or taxpayer identification number that you wrote on this form is correct.

If you are a non-resident alien and you are requesting a reduced tax withholding rate, you must give us your Individual Taxpayer Identification Number (ITIN). You must also send us a completed IRS form W-8BEN to certify your foreign status. We will withhold 30% federal income tax from the taxable amount of your withdrawal if you are claiming reduced withholding under a tax treaty and there is no applicable tax treaty, or you do not provide us with an ITIN.

If no option is selected below, federal tax law requires us to withhold 10% of the taxable distribution.

For Federal Income Tax, please (check one option only)

- do not withhold any money
- withhold 10%
- withhold the following amount \$, or _____% (must be whole percentages)

Section C - Income Tax Withholding instructions (continued)

State Income Tax Withholding

Mandatory Withholding

If you reside in one of the following states and federal income tax is withheld, state income tax withholding will apply: *DE, IA, KS, ME, MA, NE, OK, VT and VA*. In these states, you may not opt out of the mandatory state withholding. If you reside in Michigan (MI), state income tax withholding will apply regardless of whether federal income tax is withheld. Withholding will be generally taken at the default rate. Please refer to the Michigan withholding certificate, the MI W-4P, for additional information.

If you reside in one of the following states, you may opt out of the mandatory state withholding by electing 'do not withhold any money' below: *AR, CA, GA, NC and OR*.

Voluntary Withholding

If you reside in any of the following states, you may voluntarily elect state income tax withholding below: *AL, AZ, CO, CT, DC*, GA, HI, ID, IL, IN, KY, LA, MD, MN, MS, MO, MT, NJ, NM, NY, ND, OH, PA, RI, SC, UT, WV, WI*. If no option is selected below, state income tax will not be withheld.

For State Income Tax, please

do not withhold any money

withhold the following amount \$ or _____% (must be whole percentages)

If you elect state withholding but fail to provide a dollar amount or percentage to be withheld, we will withhold the "default" amount prescribed by your state. If you reside in a state that does not provide a "default" amount such as Delaware or Kansas, we will automatically withhold at a rate of 5%.

*in the District of Columbia, withholding is mandatory if the policy or contract is part of a qualified retirement plan.

Section D - Delivery instructions (you must complete this section*)

For contracts owned by a Trust, we will send the proceeds directly to the Trust; payments cannot be made payable to the trustee. All payments will be made payable to the policy owner.

Complete one of the three delivery options below.

- 1. Electronic Funds Transfer (EFT) - a copy of a voided check is required.

Name of financial institution	
Contact at financial institution	Contact's telephone number

Attach voided check below with tape instead of staples. If a voided check is not provided a check will be sent to the address of record.

John Q. Public 123 Main Street Anywhere, ST 00000-0000	0000
Pay to the order of _____	\$ <input type="text"/>
VOID	
Dollars	
Any Bank Anytown, ST 00000	
MEMO _____	
<input type="text"/> :000000000:	<input type="text"/> 0000000000 XXXX
↓	↓
Bank Routing Number	Account Number

Section D - Delivery instructions (continued)

2. Deliver my check by regular mail (expect receipt in about 7-10 business days)
3. Federal Wire the money to the following financial institution (a wire transfer fee will be charged by your financial institution)

Name of financial institution		Type of account at financial institution <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Contact at financial institution	Contact's telephone number	Name on account	
Account number at financial institution (must be a checking or savings account)		Bank Routing Number (must be 9 digits - attach a voided check or deposit slip)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Further credit to (name of contract owner)		Further credit to (account number of contract owner)	

Section E - Certification and Signature

Under penalties of perjury, I the policy owner certify that:

- the number shown on this form is my correct taxpayer identification number, 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 (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Furthermore, the undersigned hereby declares:

- That no bankruptcy proceeds are now pending against the owner.
- That I agree to the Terms and Conditions listed below,
 - I am requesting the termination of my policy and payment of the cash surrender value. Upon receipt of the surrender request, the Hartford is released, acquitted and discharged from all claims and/or liabilities under this policy, if any, which may exist now or hereafter.
 - The payment represents the full amount due under the policy.
 - We will make the surrender payment to the Owner(s) of the policy. If the policy has been assigned, we will make payment as requested by the assignee.
 - Your surrender request may have tax implications and the request (including tax reporting and withholding) cannot be reversed once the check has been mailed.

If the policy owner is a trust or other entity, such as a corporation, include full name, full title and a copy of a Corporate Resolution; LLC Operating or Partnership Agreement, or similar document filed in the state. If a Corporation, we require two officers sign; one officer being that of the Secretary.

Policy Owner signature	Date
Policy Owner signature (with title, if applicable)	Date
Irrevocable Beneficiary signature (if applicable)	Date

Section F - Assignee Signature (if applicable)

To be completed by Assignee (Required only if there is an assignment on the Policy)

The undersigned assignee hereby agrees with the above request. Any check for policy values shall be payable to:

- The sole order of the policy owner
- The sole order of the assignee
- Jointly to the policy owner and assignee

If the assignee is a trust or other entity, such as a corporation, include full name, full title and a copy of a Corporate Resolution; LLC Operating or Partnership Agreement, or similar document filed in the state. If a Corporation, we require two officers sign; one officer being that of the Secretary.

Assignee signature	Date	
Assignee Mailing address	Telephone	
City	State	Zip Code

Have you...

- completed Section A and provided us with complete policy owner information?
- provided us with tax withholding information in Section C?
- provided us with delivery instructions in Section D?
- completed Section E by providing us with all appropriate signatures?
- completed Section F by providing us with assignee signatures (if applicable)?

For standard mail delivery:

The Hartford
 Individual Life Operation
 PO Box 64582
 St. Paul, MN 55164-0582