

# Request for Full or Partial Surrender

Not valid for transfers and exchanges to other institutions.

# JACKSON<sup>®</sup>

NATIONAL LIFE INSURANCE COMPANY

Home Office: Lansing, Michigan

[www.jackson.com](http://www.jackson.com)

USE DARK INK. PRINT OR TYPE.

Policy Number

Insured's Name (First)	(Middle)	(Last)	Date of Birth (mm/dd/yyyy)	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Owner's Name, if other than Insured (First)	(Middle)	(Last)	Date of Birth (mm/dd/yyyy)	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Owner's Name (if owned by non-natural entity)	Tax Identification Number
<input type="text"/>	<input type="text"/>

Owner's Physical Address (No P.O. Boxes) Number and Street	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Insured's Physical Address (No P.O. Boxes) Number and Street	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## A. Partial Surrender \$500 minimum<sup>1</sup>. Not available for Ultimate policies.

I (we) hereby request the amount below be withdrawn from my (our) policy. Taxes, surrender fees and charges, if any, will be deducted from my (our) policy value in addition to the amount requested.

Dollar amount requested \$

**For Variable Life Policies**, please withdraw funds from the following sources:  
(Select one)

- Pro rata from all active portfolios and fixed accounts.
- As directed below. If allocating by percentage, total allocation must equal 100%.  
*If no election is made, allocation will default to pro rata.*

Dollar Amount		Percentage	Investment Division or Fixed Account
\$ <input type="text"/>	OR	<input type="text"/> %	<input type="text"/>
\$ <input type="text"/>	OR	<input type="text"/> %	<input type="text"/>
\$ <input type="text"/>	OR	<input type="text"/> %	<input type="text"/>
\$ <input type="text"/>	OR	<input type="text"/> %	<input type="text"/>
\$ <input type="text"/>	OR	<input type="text"/> %	<input type="text"/>

<sup>1</sup> The \$500 minimum does not apply to all Universal Life products. Please refer to your policy pages for information regarding minimum surrender amount.

## B. Full Cash Surrender of Policy

- I (we) elect to terminate my (our) Jackson National Life Insurance Company<sup>®</sup> (Jackson<sup>®</sup>) policy and have the proceeds, after applicable surrender charges and taxes have been deducted, paid directly to me (us). All coverage under the policy will cease.

Please select all of the following that apply:

- The policy is enclosed.
- By signing this form, I (we) certify that the policy has been lost or destroyed. I (We) agree that should the original policy be found it will be returned to Jackson.
  - I (We) certify that the policy has not been assigned or pledged as collateral.
  - The policy has been assigned or pledged as collateral, and the Collateral Assignee consents to the request by signing where indicated below.



**C. Delivery of Funds**



Delivery Recipient (Select One):

- Send proceeds directly to me (us) at my (our) address of record<sup>1</sup>.
- Send proceeds to another Financial Institution for the benefit of (FBO) the Contract Owner(s).

Delivery Method (Select One):

- Check by regular mail (default)
- Check by overnight mail (Additional \$10.00 charge) <sup>1,2</sup>
- Check by Saturday delivery (Additional \$22.50 charge) <sup>1,3</sup>
- Wire (Additional \$20.00 charge) <sup>4</sup>

<sup>1</sup> Funds cannot be sent via overnight mail or Saturday delivery to a P.O. Box. If you would like to change your address of record, please complete the Mailing Address Change section on page 3.

<sup>2</sup> The standard charge is subject to increase at any time. Packages processed on Fridays (or Thursdays when Friday is a non-business day) will be delivered the next business day unless Saturday delivery is elected.

<sup>3</sup> The standard charge is subject to increase at any time. Saturday delivery is not available in all areas. Saturday delivery will default to overnight mail unless the request is processed on Friday (or on Thursday when Friday is a non-business day).

<sup>4</sup> The standard charge is subject to increase at any time. Wire will not be permitted without receipt of voided check or confirmation of account number and account holder on bank letterhead. This option is only available for funds being sent to another Financial Institution FBO the Contract Owner(s).

**If the request is for a wire, attach a voided, pre-printed check with tape in the area below. Do not staple. Do not attach a deposit slip or a starter check.**

<b>Account Holder's Name(s)</b> 245 Main St. Anywhere, USA 00000		
Pay To The Order Of _____		\$ <input style="width: 100px;" type="text"/>
		Dollars
<b>-- VOID --</b>		
<b>Your Financial Institution</b>		
<b>Name</b> Street Address City, State, ZIP		_____
		<b>1234</b>
<b>Your Transit Routing Number</b>	<b>Your Account Number</b>	<b>Your check number</b>

**Financial Institution Information:**

Name of Financial Institution _____			Phone Number (include area code) _____		
Address (number and street) _____		City _____	State _____	ZIP Code _____	
ABA Routing Number _____			Account Number (must be provided) _____		
Account Holder Name (First) (Middle) (Last) _____		Joint Account Holder Name (First) (Middle) (Last) _____			

For Further Credit to: \_\_\_\_\_

**NOTE: In order for this withdrawal to be treated as a direct exchange, transfer, or rollover, you must submit the other company's Letter of Acceptance and required transfer paperwork. Without this paperwork, we will process the withdrawal as a taxable distribution and report it to the IRS.**





**D. Mailing Address Change**

Permanent     Temporary    If temporary, please provide the applicable period:
 

From (mm/dd/yyyy)	To (mm/dd/yyyy)
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Name (First)	(Middle)	(Last)

Policy Role:     Owner     Joint Owner     Annuitant     Other:

Email Address:

New Mailing Address (Number and Street)	City	State	ZIP Code

If the New Mailing Address is a P.O. Box, your Physical Address is also required.

Physical Address (No P.O. Boxes) Number and Street	City	State	ZIP Code

**E. Notice of Withholding**

If you elect not to have withholding apply to your full/partial surrender, or if you do not have enough withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Depending on the laws of your state, state income tax withholding may be required. **IMPORTANT:** If no box is checked, taxes will automatically be withheld at a flat 10% rate for any gains.

**Federal Tax Withholding:** *If no election is made, 10% federal income taxes will be automatically withheld.*

**NO**, do not withhold federal income tax.     **YES**, Withhold 10%, or     **YES**, Withhold  % or \$  .

**State Tax Withholding:** *If no election is made, state taxes will be automatically withheld if required.*

**NO**, do not withhold state income tax.     **YES**, Withhold  % or \$  .

State of Residence:

**Please complete required Signature(s) on page 4.**



**F. Signature(s)**

For questions concerning signature requirements, please refer to page 5 or contact our Service Center.

As Owner(s) of this policy, I (we) elect to make a full or partial surrender from my (our) policy.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

**Under penalties of perjury, I certify that:**

- 1. The number shown on this form is my correct Taxpayer Identification Number.**
- 2. I am not subject to backup withholding.**
- 3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien).**
- 4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.**

Please select one of the following:

I (We) certify that this policy is **not** assigned or pledged as collateral to any other person or corporation.

I (We) certify that this policy is assigned or pledged as collateral. (Collateral Assignee's signature is required below.)

The Owner's signature is required on this form. See signature requirements below. It is hereby agreed that this request shall not become effective unless and until it is approved by the Company at its Service Center.

**Notes**

Owner's Signature (and Title if applicable)	Date (mm/dd/yyyy)	Joint Owner's Signature (and Title if applicable)	Date (mm/dd/yyyy)
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

Owner's Daytime Phone Number (include area code)	Joint Owner's Daytime Phone Number (include area code)
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

Owner's Email Address	Joint Owner's Email Address
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

Irrevocable Beneficiary's Signature (and Title if applicable)	Date (mm/dd/yyyy)	Collateral Assignee's Signature (and Title if applicable)	Date (mm/dd/yyyy)
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

Irrevocable Beneficiary's Address (Number and Street)	Spouse's Signature (and Title if applicable)	Date (mm/dd/yyyy)
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

City	State	ZIP Code	Signature Guarantee or Notary (if applicable)
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	
Trustee's Signature (and Title if applicable)		Date (mm/dd/yyyy)	
<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; height: 20px;"></div>	
Trustee's Signature (and Title if applicable)		Date (mm/dd/yyyy)	
<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; height: 20px;"></div>	



**SIGNATURE REQUIREMENTS - ALL APPLICABLE SIGNATURE AREAS MUST BE COMPLETED BEFORE RETURNING.**

**Joint and Multiple** – If additional space is needed for Multiple Owners, attach a separate piece of paper with signatures, dates and your policy number.

**Guardian** – Must be signed by the guardian. Provide a copy of guardianship papers.

**Trust** – All trustees/co-trustees, if required by the trust. Provide a copy of the signature and notary pages, and the page listing the names of the trustee(s) and successor trustee(s).

**Pension Trust** – Must be signed by the trustee. Provide a copy of the trustee appointment.

**Attorney-in-Fact** – May be signed by the attorney-in-fact. Provide a current power of attorney if not previously submitted. Notarized signature required if not already on file.

**Irrevocable Beneficiary** – Must include address and be signed by irrevocable beneficiary.

**Partnerships** – Requests must be submitted in the name of the partnership and signed by all partners. Provide a copy of Partnership Agreement.

**Corporation** – One officer must sign unless the signing officer is also the Insured, in which case, an additional officer's signature and title is required. Provide a copy of Corporate Resolution.

**Collateral Assignee** – Must be signed by all current collateral assignees. Provide a copy of documentation.

**Other Signature Requirements** – For cases such as minor Owners, bankruptcies or cases with tax liens, contact the Service Center for appropriate signature requirements. Spouse's signature may be required in community property states: AZ, CA, ID, LA, NM, NV, TX, WA and WI. We recommend you discuss with your legal advisor.

	<b>Mailing Address &amp; Contact Information</b>
	<b>Jackson Service Center</b>
<b>Regular Mail</b>	PO Box 24068, Lansing, MI 48909-4068
<b>Overnight Mail</b>	1 Corporate Way, Lansing, MI 48951
<b>Customer Care Non-Bank</b>	800-644-4565, 8:00 a.m. to 8:00 p.m. ET (M-F)
<b>Bank or Financial Institution</b>	800-777-7779, 8:00 a.m. to 8:00 p.m. ET (M-F)
<b>Fax*</b>	517-706-5552
<b>Email</b>	contactus@jackson.com

\*A fax cover page is not needed. If you have additional instructions to submit, please complete Letter of Instruction (form X4250) including owner and/or annuitant signature(s) as applicable.

