



LIFE INSURANCE COMPANY®

**DISBURSEMENT INSTRUCTIONS**

Please read all instructions carefully and complete all applicable sections on the following pages. Some additional documents may be required. Unclear or missing information may delay or prevent processing. Please sign and date the form and return **ALL** pages, along with any required documents via the return method identified below. Questions? Please call (866) 641-9999.

**REQUIRED DOCUMENTS**

Depending upon the amount of money you are requesting and whether you are requesting these funds via check or direct deposit, use the chart below to identify which documents are required.

| Amount Requested    | Check  | Direct Deposit   |
|---------------------|--|--|
| \$1-\$49,999        | One (1) signed form of identification                      | One (1) signed form of identification AND bank account information   |
| \$50,000-\$249,999  | One (1) signed form of identification AND proof of address | One (1) signed form of identification AND bank account information   |
| \$250,000 and Above | Medallion Signature Guarantee                              | One (1) signed form of identification AND bank account information, OR a Medallion Signature Guarantee for credit union accounts |

We will run your account and address information through our database in order verify where funds are being sent. If we are unable to verify your account or address, or there is a discrepancy between any of the information provided on the form and your information on file, we reserve the right to request additional or alternative forms of identification, including a Medallion Signature Guarantee. Please note that if you are requesting a direct deposit to a credit union, we are unable to verify credit union accounts and will always require a Medallion Signature Guarantee for requests over \$250,000.

**ACCEPTABLE TYPES OF DOCUMENTS**

| Signed Forms of ID  | Bank Account Information  | Proof of Address  |
|---|---|---|
| Driver's License/ Government/ State Issued ID<br>Passport<br>Social Security Card<br>Marriage License<br>Military ID<br>Green Card (if signed)<br>Voter Registration Card | For Checking Accounts: A void check<br><br>For Savings Accounts: A letter, on bank letterhead, verifying the owner(s), account and routing number, signed by an authorized party at the bank. | Utility Bill*- i.e. gas, electric, telephone<br>A Bank or Credit Card Statement*<br>Vehicle Registration<br>State/ Federal Tax Document*<br>Bank or Credit Card Statement or Other Financial Institution Document*<br><br>*Cannot be older than sixty (60) days |

**MEDALLION SIGNATURE GUARANTEE (MSG):** MSGs are used as an added security measure and may be obtained at most banks, credit unions, or other financial institutions. It is recommended that you contact your bank ahead of time to ensure they can provide an MSG and to ask what forms of ID or other documents you may be required to bring. Your bank may charge a nominal fee for this service. **The MSG submitted must be an original; faxes, photocopies, and emails will not be accepted.**

**RETURN METHOD**

If you were required to obtain a Medallion Signature Guarantee on your form, you **MUST** return your completed form and documents via **MAIL ONLY**, otherwise, you may choose to return your documents via any of the methods below.

- ❖ Fax to: (877) 584-2777
- ❖ Mail to: Oxford Life Insurance Co.  
2721 North Central Avenue  
Phoenix, Arizona 85004
- ❖ Email to: [OxfordPHS@oxfordlife.com](mailto:OxfordPHS@oxfordlife.com)

**IMPORTANT: If your address of record has been changed in the last sixty (60) days, you must provide a copy of a recent bill or statement reflecting the new address (see above for acceptable proof of address documents).**

## LIFE INSURANCE SURRENDER/CANCELLATION FORM

|  |       |                                      |                   |
|--|-------|--------------------------------------|-------------------|
| POLICY NUMBER  |       |                                      |                   |
| OWNER'S NAME   |       | OWNER'S SOCIAL SECURITY NUMBER       |                   |
| JOINT OWNER'S NAME                                     |       | JOINT OWNER'S SOCIAL SECURITY NUMBER |                   |
| MAILING ADDRESS  |       |                                      |                   |
| CITY   | STATE | ZIP                                  | HOME PHONE NUMBER |
| STREET ADDRESS (REQUIRED IF MAILING ADDRESS IS PO BOX) |       |                                      | CELL PHONE NUMBER |
| CITY   | STATE | ZIP                                  | E-MAIL ADDRESS    |

Reason for Surrender/Cancellation

By completing and signing this form, I (we) hereby request to surrender the policy listed above for cancellation in exchange for the Net Cash Value (if any). If this policy has a Net Cash Value greater than zero, I am requesting that you send the proceeds to me by the method elected below.

### METHOD OF PAYMENT

Please select **ONE** of the following options. If no option is selected, the proceeds will be mailed to the owner's address of record.

- 1)  **Mail a Check** to the address of record
- 2)  **For Faster Delivery- Direct Deposit** (the bank account information below **MUST** be completed)

**The owner of the policy must also be the owner of the bank account.**

|                         |  |                |
|-------------------------|--|----------------|
| BANK NAME               | ROUTING NUMBER   | ACCOUNT NUMBER |
| BANK ACCOUNT OWNER NAME | ACCOUNT TYPE<br><input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS |                |

Your Name  
Your Address

-VOID-

Routing Number    Account Number  
123456789          1234567

**For checking accounts, attach a voided check here. Deposit slips and starter checks are not accepted. For savings accounts, you must include a letter from your bank or financial institution on their letterhead, including the account and routing number, the owner(s) on the account, and signed by an authorized party at the bank or financial institution.**

**SIGNATURES AND AUTHORIZATION**

**Direct Deposit Authorization**

I hereby authorize Oxford Life Insurance Company, and/or its third-party administrators, representatives or agents, (“Oxford Life”) to electronically transfer into my account, until further notice, all policy payments due to me and to charge the referenced account to reverse any transfer erroneously posted to my account. I agree that Oxford Life will have no further liability with respect to any payments made in accordance with this authorization and may at any time discontinue my direct deposit and issue checks to me requiring my personal endorsement. I understand this authorization is to remain in full force and effect until Oxford Life has written notification from me of termination and in such manner as to afford Oxford Life and the financial institution a reasonable opportunity to act on it. I, for myself, my heirs, executors, administrators and assigns do hereby consent and agree that any sums of money deposited to my account after my death, shall be refunded to Oxford Life for distribution to the person or persons, if any, entitled to those sums under the terms of the policy.

**I have read, understand and agree to the following:**

- I certify that my policy is not assigned or pledged as collateral to any other person or corporation unless an assignee has signed below. I further certify that the owner is not a debtor in any pending bankruptcy or insolvency, and that the owner is not under guardianship or legal disability unless indicated.
- Outstanding loan balances reduce the Net Cash Value;
- Please verify the loan or surrender provisions and conditions of your policy prior to submitting this form.
- Surrendering a policy terminates the life insurance coverage and any riders;
- I must return the original policy with this form. If the original policy is not attached, I certify that it has been lost or destroyed and that I made a reasonable effort to locate it; and
- I have read and understand all four (4) pages of this form, including the signature requirements below.

The IRS does not require your consent to any provision of this statement other than the certifications required to avoid backup withholding.

SIGN HERE

SIGN HERE

Signature – Owner

Date

Signature –Joint Owner *(if applicable)*

Date

Trustee or  Officer Title: \_\_\_\_\_

Trustee or  Officer Title: \_\_\_\_\_

SIGN HERE

SIGN HERE

Signature – Owner’s Spouse *(required in community property states- AZ, CA, ID, LA, NM, NV, TX, WA and WI)* Date

Signature – Irrevocable Beneficiary or Collateral Assignee *(if applicable)* Date

**If you are signing on behalf of the owner, print your name, sign below and check the box that describes the capacity in which you are signing:**       Conservator    Guardian    Power of Attorney

I certify that the conservatorship, guardianship or power of attorney authorizing me to act for the policy owner has not been terminated or modified in any way that would affect my ability to act for the policy owner. I agree to indemnify, defend and hold Oxford Life Insurance Company harmless for, from and against any losses, liability, claims and costs (including attorney’s fees) resulting from acting on my instructions.

SIGN HERE

Signature: \_\_\_\_\_  
Date

Print Name: \_\_\_\_\_



**Medallion Signature Guarantee- Owner** *(if applicable)*

**Medallion Signature Guarantee- Joint Owner** *(if applicable)*

**SIGNATURE INSTRUCTIONS**

All applicable required signatures must be included when submitting this form. Processing will be delayed if signature requirements are not satisfied.

**Spouse Signatures** – If the owner resides in a community property state (currently AZ, CA, ID, LA, NM, NV, TX, WA and WI), the owner’s spouse must also sign this form. Unless Oxford Life has been notified of a community property interest in the policy, Oxford Life will rely on its good faith belief that no such interest exists and will assume no responsibility for inquiry.

**Trust** – All trustees must sign if required by the trust agreement. A copy of the trust agreement and a current Trustee Certification and Indemnification form must be on file before a withdrawal can be processed. Check the “Trustee” box below the owner signature line.

**Guardian or Conservator** – The guardian or conservator must sign and identify the capacity in which they are signing for the owner. Provide a copy of the guardianship/conservator papers if not previously submitted.

**Power of Attorney** – Provide a copy of the power of attorney (if not previously provided), and complete and submit a Certification of Power of Attorney form.

**Corporation** – Check the “Officer Title” box below the owner signature line and write the title of the officer signing for a corporate owner in the space next to it. Provide a copy of the corporate resolution evidencing the officer’s signing authority.

**Irrevocable Beneficiary** – If you previously named an irrevocable beneficiary, the irrevocable beneficiary’s signature is required.

**Collateral Assignee** – If the policy has been assigned as collateral, all assignees must sign.

**Medallion Signature Guarantee** – If applicable, an original Medallion Signature Guarantee must be affixed to this document in the space provided above.

**SUBMISSION INSTRUCTIONS**

**Please refer to the Instructions (cover page) for specifics on how to submit your completed form. Please ensure that all required signatures, dates, documents, and Medallion Signature Guarantee(s), if required, are included. Additionally, if direct deposit has been selected as your method of payment, ensure that a voided check (for checking accounts), or a letter from the bank or financial institution (for savings accounts) has been included.**