



Cash Surrender Form

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTE: CAREFULLY READ INSTRUCTIONS ON PAGE 2 BEFORE SIGNING.

In consideration of and exchange for the cash value, policy number _____ issued on the life of _____ is surrendered for cancellation.

In accordance with the terms of the policy, it is agreed that any indebtedness thereon to the Company will be deducted from the cash value. Said cash value is accepted in full settlement and complete satisfaction of all rights, claims and demands under said policy.

IT IS EXPRESSLY REPRESENTED AND WARRANTED THAT NO OTHER PERSON, FIRM OR CORPORATION HAS ANY INTEREST IN SAID POLICY EXCEPT THE UNDERSIGNED AND THAT NO PROCEEDINGS IN INSOLVENCY OR BANKRUPTCY HAVE BEEN INSTITUTED OR ARE PENDING AGAINST THE UNDERSIGNED.

Taxpayer Identification Number (TIN) Enter owner's TIN in the appropriate box. For individuals, this is the Social Security number (SSN). For other entities, it is the Employer Identification number (EIN).

WE MUST HAVE OWNER'S SOCIAL SECURITY # BEFORE WE CAN SEND YOU A CHECK.

Social Security number _____ or Employer Identification number _____

Certification Under penalties of perjury, I (the owner) 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 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.

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 of underreporting interest or dividends on your tax return. For real estate transactions item **2** does not apply.

- I **do not** want federal income tax withheld from my withdrawal payment.
- I **do** want federal income tax withheld from my withdrawal payment.
\$ _____ or ____%. Indicate amount or percentage if other than 10%.

IF YOU DO NOT SPECIFY WITHHOLDING, WE WILL ASSUME NO TAXES ARE TO BE WITHHELD.

- Check ONLY if you want payment automatically deposited into a bank account. Include voided check.**

Type or print your full name _____

Home address _____ City, state, and ZIP _____

The following acknowledgments must be read and checked:

- I understand that an early surrender charge may be deducted from the policy value before the monies are sent.
- I understand that if I reside in a state that participates in the Child Support Lien Network, my request may be subject to adjustment due to any applicable liens.

Owner signature _____ Date _____

Joint owner signature (if applicable) _____ Date _____

Irrevocable beneficiary signature (if applicable) _____ Date _____

Assignee (if collateral assignment exists) _____ Date _____

SPOUSE SIGNATURE REQUIRED in community property states: Arizona, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin and California. If you reside in one of the above states, your spouse's signature is required. If divorced, a copy of the divorce decree is needed. If deceased, a copy of the death certificate is needed.

Spouse signature _____ Date _____

PLEASE READ BEFORE COMPLETING THE SURRENDER FORM

The cash value is payable at the home office of the Company in exchange for satisfactorily completed release.

The release must be dated. The signature of the owner and the signature of each irrevocable beneficiary placed on the release must be written exactly as the name is given in the policy, the signature of a woman who has married since the policy was issued to be completed by adding her present surname to her name as it appears in the policy.

The signature of an assignee must appear exactly as the name of such assignee is given in the assignment paper. If the assignee is a woman who has married since the assignment was made, her signature should be completed by adding her present surname to her name as it appears in the assignment paper.

If a signer of the release is a corporation, an officer of the corporation must sign for the corporation, and the release must be accompanied by a copy of a resolution of the Board of Directors of the corporation, certified by the secretary or other authorized officer, under the seal of the corporation, authorizing the surrender of the policy and giving the executing officer authority to sign the release in behalf of the corporation.

If a signer of the release is a partnership, the name of the partnership must be given and it must be described as a partnership, each member of the partnership who signs designated him or herself as "partner."

INSTRUCTIONS FOR COMPLETING CASH SURRENDER FORM

Form # LIU-101

This form is used to surrender a life or annuity policy for the cash value.

1. List policy number and name of the insured/annuitant.

If the policy has a collateral assignment:

If the owner is requesting the surrender of the policy, the Assignee will need to release the assignment.

If the check is to go to the Assignee, then the Assignee will need to sign the surrender form.

Example: If the Assignee is a bank, an officer of the bank will need to sign.

Taxpayer Identification Number

1. Social Security number for the owner or joint owner.
2. Employer Identification number if policy is owned by a business. This box may also be used for joint owner Social Security number. Cross out "Employer Identification" and write in "joint owner."

FEDERAL AND STATE INCOME TAX WITHHOLDING

Federal Taxes

1. Mark if taxes are to be withheld or not withheld.
2. Owner can request a percentage or dollar amount to be withheld.

State Taxes

1. At this time we are only able to withhold for the states of Colorado, Iowa, Illinois, Nebraska, North Dakota, Michigan, Minnesota, Oklahoma and Wisconsin.
2. Indicate the percentage or dollar amount off to right side. If the payment is to be automatically deposited into the bank account check this box and include a copy of a voided check.

SIGNATURES AND ACKNOWLEDGMENTS

1. Fill in full name and address above owner signature, complete acknowledgments, and sign and date the form.
2. If owner lives in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), the spouse will need to sign.

UNITED LIFE INSURANCE COMPANY

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LIU-101 0616

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