

## REQUEST FOR PARTIAL SURRENDER/WITHDRAWAL

### General Information

Policy/Certificate No: \_\_\_\_\_ Issued by (the Company): \_\_\_\_\_  
Insured's Name: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Daytime Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Income Tax Withholding Election - Substitute W4P

Federal law requires 10% tax be withheld from the taxable portion of certain life insurance payments, unless you request not to have tax withheld. The tax applies only to the taxable portion of the payment, not the entire payment, should this withdrawal be considered taxable.

Elect withholding or no withholding by checking the appropriate box below. Be sure to complete this form by signing it and filling in your Social Security number/Tax Identification number. If you do not make a choice, or if you do not furnish us with your Social Security number/Tax Identification number, we will withhold 10% for federal income tax in addition to any appropriate State Income tax from any taxable portion of your payment.

Even if you decide not to have federal/state tax withheld, you are still liable for payment of the income tax on the taxable portion of this payment. You may be subject to tax penalties under the Estimated Tax Payment Rules if your payment of estimated tax and withholding, if any, are not sufficient.

Tax withholding not available for withdrawals applied as loan repayments.

*This section must be completed. If no selection is made and your withdrawal is considered taxable, taxes will be withheld.*

Check ONE BOX:

- I do NOT want to have Federal Income Tax and State Income Tax withheld.  
 I DO want to have Federal Income Tax and State Income Tax (if state mandated) withheld.

*This is an IRS requirement, signature required on page 2.*

### Taxpayer Identification Number and Certification Substitute W9

*This section must be completed.*

Under penalties of perjury, I certify that:

- The number shown below is my correct taxpayer identification number.
  - Social Security Number: \_\_\_\_\_
  - Tax Identification Number: \_\_\_\_\_
- I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service that I am subject as a result of a failure to report all taxable income, including all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. *(You must cross out this item if you have failed to report all interest and dividends on your tax report.)*
- I am a U.S. citizen (including a U.S. resident).

*This is an IRS requirement. Signature required on page 2.*

**Partial Surrender/Withdrawal Request**

*Please select one of the following:*

Check Requests:

- A partial surrender/withdrawal in the amount of \$ \_\_\_\_\_ or the maximum amount available if less than the amount requested.
- The maximum withdrawal available.

Withdrawal to Apply Towards Outstanding Policy/Certificate Loan

- An amount equivalent to the current outstanding loan, or the maximum amount available, if less.
- The maximum withdrawal available to pay towards the outstanding loan, with the balance sent to the policy/certificate owner.

Withdrawals on Variable Universal Life policies will be made in proportion to the assets in each subaccount and processed accordingly, unless otherwise specified below. If the Company is unable to comply with your fund specific request, the withdrawal will be made in proportion to the assets in each subaccount.

*Subaccount*

*% of loan amount*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total must equal 100%

*A check is made payable to the Policy/Certificate Owner and assignee or Irrevocable Beneficiary unless indicated below.*

*Note: Withdrawals reduce both the cash value and death benefit of the Policy/Certificate and will not be reversed after completion.\* A withdrawal could eventually lead to a premature lapse of the Policy/Certificate, and/or cause the Policy/Certificate to become a Modified Endowment Contract. Additionally, a withdrawal may affect and/or forfeit guarantees as stated in the policy contract. A withdrawal fee may be charged.*

*\*Requests to restore the original face amount will be considered an increase of coverage subject to underwriting approval and policy provisions.*

**Authorization and Signatures**

You certify that you are legally competent to make this agreement and assignment, that the policy/certificate is not now assigned to any person other than the undersigned, and that no proceedings in bankruptcy or insolvency including any of the undersigned are now pending. By signing below, you certify that the information provided is complete and accurate as shown. You also certify that you have read, understood and agree to the information provided in the Income Tax Withholding Election and the Substitute W9 sections.

**Two officer's signatures are required for corporate-owned or corporate-assigned policies/certificates.**

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Title\*

\_\_\_\_\_  
Owner's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Title\*

\_\_\_\_\_  
Owner's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assignee's/Irrevocable Beneficiary's Signature

\_\_\_\_\_  
Title\*

\_\_\_\_\_  
Assignee's/Irrevocable Beneficiary's Name

\_\_\_\_\_  
Date

*\*Required for a corporation, partnership, or trust.*

**Mailing Addresses:**

**Concord Mailing Address**  
PO Box 515  
Concord, NH 03302-0515

**Greensboro Mailing Address**  
PO Box 21008  
Greensboro, NC 27420-1008