

Policy Number: _____

Insured Name: _____

INSTRUCTIONS: Use this form to request a full surrender and termination of your life insurance policy with the Company. The owner of this policy assigns the policy to the Company and acknowledges that any loan on this policy is a first lien and shall be deducted from the Cash Value. The owner declares that there are no proceedings of insolvency or bankruptcy against him or her and that no other person, firm or corporation has any interest in said policy except the owner.

To process your request the Company must receive BOTH pages of this form in our office and the form must be satisfactorily completed. The Company will accept the form by fax, mail, or email. See **'How To Submit This Form'** on Page 2.

ABOUT THE POLICY OWNER:

If Individual:

Owner Name _____ Owner Social Security Number _____

Phone Number _____ E-Mail Address _____

If Trust or Business Entity:

Print Full Name of Trust/Business Entity _____ Date Trust Executed (mm/dd/yyyy) _____

Tax ID No. of Trust/Business Entity _____ Phone Number _____ E-Mail Address _____

Contact Person - Full Name _____ Title _____

Full surrender, termination and payment

I request a full surrender and termination of the life insurance policy listed above and request payment of the proceeds.

Please provide the address where your check should be mailed:

Street Address _____ City _____ State _____ Zip _____

Should we use this address for all future correspondence with you? Yes No

Lost Policy Statement:

If the original policy is not enclosed with this request, the owner of this policy certifies the above policy has been lost or destroyed and agrees to return the original policy to the Company, without claim, should it be found.

About Income Tax Withholding

Under current federal income tax law, we are required to withhold 10% of the taxable portion of the cash surrender value and pay it to the IRS unless you tell us in writing not to withhold tax. Some states also require us to withhold state income tax if we withhold federal tax.

You are responsible for paying income tax on the taxable portion of your payment even if we do not withhold taxes. In making your decision about withholding taxes, you should consider that penalties under the estimated income tax rules may apply if your withholding and estimated income tax payments are not sufficient.

Please Check One: **Withhold** **Do Not Withhold**

(This choice is void if we do not have your Social Security Number or Tax ID Number)

CERTIFICATION:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, 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 (IRS) 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, and;

(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)

3. I am a U.S. Citizen or other U.S. person, and;
4. I am not subject to Foreign Account Tax Compliance Act (FATCA) reporting because I am a U.S. person and the account is located within the United States.

(If you are not a U.S. Citizen or other U.S. person, for tax purposes, please cross out the last two certifications and complete appropriate IRS documentation.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Florida Residents - Review the statement below and check if applicable:

- Check this box if your insurance agent recommended (advised) you to surrender your life insurance policy and the surrender proceeds will NOT be used to fund or purchase another life insurance policy or annuity contract.
- The state of Florida requires that we first provide you with important disclosure information.
 - We are unable to send your surrender proceeds via EFT or wire. We will promptly send you a check.
 - Provide an E-Mail address or fax number in the space provided below so we can send the important disclosure information to you.

E-Mail Address

Fax Number

SIGNATURE(S): The request for cash surrender must be dated current. The signature of the policy owner must be written exactly as the name appears in the policy or any subsequent endorsements to the policy.

If Individual:

Signature of Policy Owner

Date

If Trust or Business Entity:

Authorized Signature

Date

Please Print Full Name

Title

HOW TO SUBMIT THIS FORM:

MAIL:

Texas Life
P. O. Box 830
Waco, TX 76703-0830

FAX:

254-745-6393

E-MAIL:

customerservice@texaslife.com