

**Non-Qualified
Life Surrender Form**



Americo Financial Life and Annuity Insurance Company
Administrative Office: PO Box 410288, Kansas City, MO 64141-0288 • Home Office: Dallas, Texas

Policy Number: _____ Daytime Telephone Number: _____

Insured: _____

Owner: _____

Owner's Address: _____

WITHHOLDING ELECTION: Enter your Social Security number below. Check "A" if you do not want any Federal Income Tax withheld from your withdrawal/surrender proceeds; check "B" to have taxes withheld by the company and forwarded to the IRS on your behalf. You are liable for payment of Federal Income Tax on the taxable portion of your withdrawal. You may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Also, an additional 10% Federal Tax penalty may be imposed on your withdrawal.

A. Do not withhold Federal Income Tax

B. Withhold Federal Income Tax _____
Owner's Social Security Number

If your state requires withholding for state income tax, we will use your federal election unless you file a state withholding form.

CERTIFICATION: Under the penalty of perjury, I certify that the Social Security number provided on this form is true, correct, and complete. I understand that failure to furnish the Social Security number could subject me to back up withholding. I certify that I am not now subject to back up withholding.

LOST POLICY STATEMENT: I hereby certify that the policy has been lost or destroyed and I have no knowledge of its whereabouts and said policy is not assigned, hypothecated or pledged. If at any time the original policy is found, such certificate or duplicate policy will be null and void and immediately returned to the company.

The undersigned owner of the referenced policy hereby forwards the policy to and requests that the policy be canceled and the cash surrender value of the policy, if any, be paid to the owner.

The owner and any irrevocable beneficiary hereby indicate his/her understanding that the cancellation of the policy and withdrawal of the cash surrender value terminates the insurance coverage provided under the policy as of the effective date of the surrender.

Each individual signing below certifies that he/she is of legal age, that the policy is not assigned and pledges that the policy is not subject to any bankruptcy proceeding, attachment, lien, or claim except as indicated as follows:

Signed at _____, this _____ day of _____, _____
City/State Day Month Year

Signature and Title of Owner, Trustee, or Company Officer

Date Signed

Signature and Title of Irrevocable Beneficiary, Assignee, Second Officer of Co-Trustee if applicable

NOTE: The release of policy values may affect the guaranteed elements, non-guaranteed elements, face amount, or surrender value of the policy from which the values are released. The policy owner(s) has the right to receive information regarding the existing policy or contract values including, if available, an in force illustration or policy summary.

INFORMATION SHEET FOR COMPLETING NON-QUALIFIED LIFE SURRENDER FORM

What is the importance of this form?

To expedite the surrender of your policy, it is important to complete the form in full. This form provides us with important documentation, which we will compare with the policy information we have on file.

How important is it to provide my Social Security number and make an election for withholding?

If there is a taxable gain on your policy, the Internal Revenue Service (IRS) requires us to do withholding on nonqualified plans unless you elect otherwise on the surrender form. For some qualified plans, the IRS requires withholding. If there is a taxable gain on your policy at the time of surrender and no Social Security number is provided, the IRS may require us to do backup withholding.

What is the purpose of a Lost Policy Statement?

This section should be signed and dated by the authorized person requesting the surrender if the original policy cannot be located and returned to the company. If the policy is located at a later date, you may mail the policy to the company.

Who should complete this form?

- If one or more individuals own the policy, all individuals must sign and date this form and provide us with their Social Security information if there is a taxable gain.
- If a corporation owns the policy, we must have the signatures and titles of two officers of the corporation. If the corporation only has one sole proprietor, please indicate this information on the surrender request.
- If the policy is owned by a trust, the surrender request must be signed and dated with the acting trustee's signature and the capacity in which they are acting.
- If you have designated an irrevocable beneficiary for this policy, the irrevocable beneficiary must sign and date the surrender request.
- If your policy is collaterally assigned, we must have the assignee's authorization to process the surrender or a release of assignment from the assignee.

NOTE: *Once the appropriate signature requirements are received, we compare this information with our previous information on file. If the information matches our file and all of the necessary requirements are received, we will proceed with processing your surrender request. If we find a discrepancy, you may be asked to submit further documentation for your protection.*