

Date (MM/DD/YYYY)

Signature of Agent (if witnessed)

## **Assurity**<sup>®</sup> **Life Insurance Company** 402-476-6500 | 800-869-0355 | FAX 888-255-2060 **Assurity**<sup>®</sup> **Life Insurance Company of New York** 844-401-7585 | FAX 888-255-2060

Admin: Office: P.O. Box 82533, Lincoln, NE 68501-2533

**PDF Withdrawal** 

**POLICY INFORMATION** First, Middle, Last Insured's Name Owner's Phone No. ( ) Policy/Certificate Number(s) Owner's Soc. Security/Tax ID No. Owner's Email Address **WITHDRAWALS** Specific Amount \$ Substitute Form W-9 information (Request for Taxpayer Identification Number and Certification): I, the Owner (or each Joint Owner), certify under penalties of perjury that the number shown is my correct Taxpayer Identification Number. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. Person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding. Assurity may obtain a consumer report pursuant to the federal Fair Credit Reporting Act (FCRA) for purposes of verifying and authenticating this account. I (we) hereby consent and authorize Assurity to obtain such a report and I (we) understand that if any adverse action is taken based on the report, I (we) will be notified according to the FCRA.

Signature of Owner/Account Holder

Signature of Joint Owner

Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company of New York, Insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, New York. Product availability, features and rates may vary by state.

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