



: Assurity® Life Insurance Company  
 : 402-476-6500 | 800-869-0355 | FAX 888-255-2060  
 : Assurity® Life Insurance Company of New York  
 : 844-401-7585 | FAX 888-255-2060  
 : Admin: Office: P.O. Box 82533, Lincoln, NE 68501-2533

## Surrender Request

\_\_\_\_\_  
*First, Middle, Last*  
 Insured's Name \_\_\_\_\_ Policy/Certificate Number(s) \_\_\_\_\_  
 Owner's Phone No. (\_\_\_\_) \_\_\_\_\_ Owner's Email Address \_\_\_\_\_

### SURRENDER

**When surrendering a policy, please return the policy if available.**

Owner's Soc. Security/Tax ID No. \_\_\_\_\_ (Note certification above signature line.)

Tax Withholding:  Yes  No If Yes, Federal: \$ \_\_\_\_\_ or \_\_\_\_\_ % State: \$ \_\_\_\_\_ or \_\_\_\_\_ %

### DISTRIBUTION METHOD

Check  Direct Deposit (complete Bank Authorization section)

### BANK AUTHORIZATION (must be deposited to Owner's bank account)

Type of Account:  Checking  Savings

I (we) hereby authorize Assurity to initiate credit entries to my (our) account indicated below, and I (we) authorize the bank indicated below to accept and to credit the amount of such entries to my (our) account. Such authorization does not allow Assurity to debit entries to my (our) account.

Account Holder \_\_\_\_\_ Bank Name \_\_\_\_\_

Nine-digit Bank Routing No. \_\_\_\_\_ Your Account No. \_\_\_\_\_

Please confirm that your routing number and account number are correct.

### MISCELLANEOUS

**NOTE:** By signing this form, you are requesting a surrender of your policy. Once surrendered the policy/certificate cannot be reinstated.

**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.

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature of Owner/Account Holder

\_\_\_\_\_  
Signature of Agent (if witnessed)

\_\_\_\_\_  
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 in all states except New York. In 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.