

FULL POLICY SURRENDER

Section A: Owner Information

Policy Number: _____

Annuitant: _____

Owner: _____

Joint Owner: _____

Married Single Widowed

Married Single Widowed

Divorced – Specify Date: _____ State: _____

Divorced – Specify Date: _____ State: _____

Section B: Surrender Acknowledgement & Declaration

I, _____, the owner(s) of the above policy, hereby surrender the policy for its full cash value, less any outstanding policy loans, subject to the provisions in the policy contract:

I understand that:

1. Surrendering this policy mean that it **cannot** be reinstated;
2. The policy death benefit is **terminated**.

PROCESSING DATE (Check One) *All full surrenders, excluding internal transfers, will be funded via paper check.

Process immediately

Process on (date) _____

POLICY DECLARATION (Check One)

I have enclosed the ORIGINAL POLICY (or Certificate of Coverage).

I certify that the above-referenced policy is lost or destroyed and I have no knowledge of its whereabouts. I agree that if the original policy, a Duplicate Policy of Certificate of Coverage is found, it will be returned to the Company and in no event will it constitute a claim against the Company. I further agree that Puritan Life Insurance Company of America shall and will be fully indemnified and held harmless against any and all claims, which may be made by reason of, or growing out of, the original policy.

Section C: Tax Withholdings

The full surrender distribution you receive from Puritan Life Insurance Company of America may be subject to Federal Income Tax Withholding. Withholding will only apply to the portion of your full surrender distribution that can be includible as income and subject to Federal Income Tax.

You may be subject to penalties under the estimated tax payment rules if you elect not to have tax withheld and payments of estimated tax and other withholdings are not adequate to satisfy tax liability.

I elect:

Not to have Federal income taxes withheld.

To have 10% Federal income taxes withheld on the taxable portion of my distribution.

To have more than 10% Federal income taxes withheld on the taxable portion of my distribution, other amount _____%

NOTE: IF NO SELECTION IS MADE ABOVE, A RATE OF 10% WILL BE WITHHELD FOR FEDERAL INCOME TAXES ON QUALIFIED/NON-QUALIFIED PLANS.

State Tax Withholding Depending on the laws in your state, state income tax withholding may be required. Please consult your tax expert for state withholding requirements.

"Yes", please withhold the following percentage for state income taxes: _____%.

"No", do not withhold state income tax.

Section D: SPOUSAL CONSENT (If residing in a Community Property State – AZ, CA, GU, ID, LA, NV, NM, TX, WA, or WI)

ATTENTION: State law requires Spousal Consent if this contract was acquired while you were married and while you lived in a community property state. Certify one of the following:

- I, the Owner, certify that this contract was NOT acquired while married and while living in a community property state. (skip to section F.)
- (if jointly owned) I, the Joint Owner, certify that this contract was NOT acquired while married and while living in a community property state. (skip to section F.)
- I, the Owner or Joint Owner, meet the criteria above of community property. (Your spouse/former spouse must sign below)

Signature of Owner's Spouse or Former Spouse Printed Name Date
Signed at: (City, County, State): _____

Signature of Joint Owner's Spouse or Former Spouse Printed Name Date
Signed at: (City, County, State): _____

Section E: For Internal Transfers Only - Complete this section if you intend to transfer your funds internally to another contract.

Transfer the funds from the existing policy to policy# or application#: _____

Section F: Signatures

I have carefully read the request and agree that it is properly and fully completed. I understand that this request is subject to the provisions and conditions of the policy and that the Company may require additional information or requirements. I certify that the policy is not pledged or assigned to any other person or corporation, and that no proceedings of bankruptcy or insolvency have been filed and are now pending against the undersigned.

For CA Residents: **CALIFORNIA FRAUD NOTICE** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Important: Please include a copy of a legal ID that shows Owner(s) signature.

_____ Owner Signature*	_____ Printed Name/Title**	_____ Date Signed
_____ Owner Address	_____ Owner Social Security No. (Required)	_____ Phone Number
_____ Other Signature*	_____ Printed Name/Title**	_____ Date Signed
_____ Joint Owner Address (if applicable)	_____ Joint Owner Social Security No.	_____ Phone Number

* The signature of all owners is required. Joint Owners sign on 'Other Signature' line and indicate 'Joint Owner' as the title.
**Power of Attorney (POA) signatures must be signed as 'Principal name by POA name, POA (or AIF)'.
**If signing on behalf of a corporation, an officer must sign (including title) and include a corporate board of resolution.
**If signing on behalf of a trust, all current trustees must sign and include title "Trustee".

Completed forms can be emailed or faxed to: Email: info@puritanlife.com Fax 336-419-0097