**AMERICAN HERITAGE**
**Life Insurance Company**
*A Member of the Allstate Financial Group*

*Administrative Office:*
P. O. Box 19085 • Greenville, SC 29602-9085
2000 Wade Hampton Blvd • Greenville, SC 29615-1064
800-880-1370 • Fax: 864-609-3444

# SURRENDER REQUEST FORM

Insured/Annuitant: _____

Policy/Contract Owner: _____

Policy/Contract Number: _____

**SECTION 1:** The cash surrender value is requested and will be accepted in full payment of and release of all claims under the policy. I certify that no bankruptcy proceedings, attachment, tax or other lien or claim is now pending against the owner.

☐ Policy/Contract submitted.

☐ I certify that the original policy/contract and any duplicates or certificates thereof have been lost or destroyed.

**SECTION 2:** I understand that the surrender may be subject to Federal income tax withholdings unless I elect not to have withholding apply.

☐ I elect to have **10%** withholding on my taxable distribution.

☐ I elect to have **20%** withholding on my taxable distribution.

☐ I elect to have _____ withheld on my taxable distribution.

☐ I elect **not** to have withholding on my taxable distribution.

**I Acknowledge and fully understand that by surrendering my policy I am subject to a $ surrender charge. This amount may vary according to the terms of my policy based on the processing date of the surrender.**

**Please Process:** ☐ Immediately ☐ On or After:

ADDITIONAL INSTRUCTIONS:

Date of Birth and Social Security Number of Contract Owner:

SSN: _____ DOB: _____

**Signature** X _____ Date _____
**Policy Owner(s)**

Witness _____ Date _____
(No Relation to Owner or Beneficiaries)

Assignee _____ Date _____
(If this policy is assigned to a company)

***W-9 must be completed and returned with this form.**

Original to American Heritage Life – Copies to Policy Owner and Agent