

**THE BALTIMORE LIFE INSURANCE COMPANY/LIFE OF MARYLAND, INC.**

10075 Red Run Boulevard • P.O. Box 1050 • Owings Mills, Maryland 21117-6050

**APPLICATION FOR CASH VALUE BENEFITS**

Policy No. \_\_\_\_\_ Name of Insured/Annuitant \_\_\_\_\_

District/Agency \_\_\_\_\_ Owner's Birthdate \_\_\_\_\_

S.T. \_\_\_\_\_ Owner's Social Security No. \_\_\_\_\_

Manager's Signature (REQUIRED)

(I CERTIFY THAT THIS NUMBER IS TRUE, CORRECT AND COMPLETE.)

*Non-forfeiture Options*

**TOTAL SURRENDER** (policy required)     I notified my bank to stop ABC on \_\_\_\_\_

Payment of the net cash value in exchange for return of the attached policy is requested. It is agreed that upon receipt of this application by the Company at its Home Office, except for the payment of the net cash value, the liability of the Company under this policy is terminated.

Lost Policy    This policy was  Lost     Stolen     Destroyed  
Neither the policy nor the interest therein is now assigned. The policy is not now in the possession of any person or corporation, and if subsequently found will be returned to: Baltimore Life/Life of Maryland.

Apply  \$ \_\_\_\_\_  Full Cash Value to Policy No.(s) \_\_\_\_\_

Additional Authorization \_\_\_\_\_

**PARTIAL** — (Universal Life, Flexible Benefit Riders & Interest Sensitive Annuities ONLY - check box below)

Maximum Partial Withdrawal or \$ \_\_\_\_\_     Specified Amt.     Required Min. Dist.     Excess Contributions

**WITHHOLDING ELECTION:** I understand that if I elect not to have federal or state income tax withheld, I am liable for payments of federal and state income tax on the taxable portion of my withdrawal or distribution. I may also be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate. If this is an Annuity or Modified Endowment, there may be additional tax consequences.

**IF YOU DO NOT COMPLETE THE WITHHOLDING ELECTION BELOW, WE WILL WITHHOLD FEDERAL AND/OR STATE INCOME TAX ON THE TAXABLE PORTION OF YOUR WITHDRAWAL OR DISTRIBUTION. SUBJECT TO A \$20.00 MINIMUM.**

I **DO** want to have federal income tax withheld from my withdrawal or distribution. (10% unless other amount in comments.) State taxes should also be withheld, if required by my state of residence.

I **DO NOT** want to have federal or state income tax withheld from my withdrawal or distribution.

I certify  I am     I am not    subject to backup withholding (Section 3406(a)(1)(c))

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I authorize the Company to complete the transaction indicated above. I have carefully read this request and agree it is properly and fully completed. *This policy is not assigned or pledged and no proceedings in bankruptcy are now pending against or for the undersigned.*

OWNER **X** \_\_\_\_\_ DATE \_\_\_\_\_  
(SIGNATURE — DO NOT PRINT)

ADDRESS \_\_\_\_\_ WITNESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

**COMPANY ACKNOWLEDGEMENT**

Surrender/Withdrawal \$ \_\_\_\_\_  
Dividend Additions:  
    Cash Value \_\_\_\_\_  
Dividend Accumulations \_\_\_\_\_  
Termination Dividends \_\_\_\_\_  
Other Dividends \_\_\_\_\_  
Return of Premium \_\_\_\_\_  
Less: Penalty \_\_\_\_\_  
    Taxes withheld\* \_\_\_\_\_  
Less: Loan and interest \_\_\_\_\_  
    Payment applied \_\_\_\_\_  
    (see authorization)  
NET CHECK \$ \_\_\_\_\_

**ENDORSEMENT**

Extended Term Face Amt. \$ \_\_\_\_\_

Extended Term Expiry Date \_\_\_\_\_

Reduced Paid-Up Face Amt. \$ \_\_\_\_\_

**It is important that you keep this endorsement with your policy**

If we are required to report this transaction to the IRS, we will notify you and the IRS next January.

\* No gain. No taxes withheld.

## NOTICE OF FEDERAL INCOME TAX WITHHOLDING

On August 13, 1982 Congress passed a tax bill, the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA). One provision of this bill concerns withdrawals or distributions from insurance policies, annuities, IRAs, TSAs, pension, profit sharing, stock bonus, and other deferred compensation plans.

The withdrawal or distribution, which you have requested from your policy, may be subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will apply only to the portion of your withdrawal or distribution that is subject to tax.

You may elect not to have withholding apply to your withdrawal or distribution. You can do this by completing the Withholding Election above.

## POLICY RECEIPT

Received from \_\_\_\_\_ Policy No. \_\_\_\_\_

To be sent to  The Baltimore Life Insurance Company  Life of Maryland, Inc.

Agent \_\_\_\_\_ Date \_\_\_\_\_

District \_\_\_\_\_