



# LifeSecure Insurance Company

(Formerly Columbia Universal Life)

Administrative Office:

P. O. Box 19085 • Greenville, SC 29602-9085

2000 Wade Hampton Blvd • Greenville, SC 29615-1064

Telephone: 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**  \_\_\_\_\_ 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 LifeSecure – Copies to Policy Owner and Agent