



REQUEST FOR POLICY SURRENDER FORM (*Signatures and Tax information on page 3*)

GENERAL INFORMATION

Policy/Certificate No: _____ Issued by (the Company): _____

Insured's Name: _____

Owner's Name: _____

Owner's Date of Birth/Date of Trust: _____

Owner's Mailing Address: _____

City, State, Zip: _____

Owner's Physical Address (if different): _____

City, State, Zip: _____

Daytime Telephone No.: _____ Email Address: _____

RETURN OF POLICY

We do not require the policy be returned to us. However, we do ask that the policy be destroyed once payment is received.

PAYMENT OPTIONS - Please select one of the following options below:

Secureline® Interest-Bearing Check Account (Not available in Alaska)
(Minimum total proceeds from one or more policies totaling \$5,000 for variable or \$20,000 for non-variable qualify for a *SecureLine®* account).

- **SecureLine®** is a service offered to help you manage insurance, annuity or investment proceeds. With *Secureline®* an account is established from the proceeds payable on a policy or contract administered by a *Lincoln Financial Group®* company (Lincoln). The Northern Trust Bank administers your account on Lincoln's behalf and the funds supporting your account are held within Lincoln's general account. Once your *Secureline®* account is opened, you will receive a personalized checkbook. If you decide you want the entire proceeds immediately, you just need to write one check for the entire account balance. Otherwise you can use this account for paying expenses as they occur - while earning interest on your money. FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.
- **Interest** - Your *Secureline®* account starts earning interest the day the account is opened. Interest is compounded daily and credited to your account on the last day of each month. The minimum rate credited is equal to the national average for interest-bearing checking accounts as published daily by Bloomberg, plus 1%. The company may increase that minimum rate at its discretion. The interest rate will be updated monthly. You begin to earn interest the same day the account is opened and continue to earn interest until all the funds are withdrawn. Interest earned on your account balance may be taxable; Form 1099INT will be sent in January of each year to report taxable income. You should consult a tax advisor for more information.

PROTECTION OF DEPOSITS

Your money in your *Secureline®* account is protected because it is held in Lincoln's general account and is guaranteed by the full faith and credit of the *Lincoln Financial Group®* company that established your account. Because your funds are not held in a federally-regulated bank, your funds are not protected by the Federal Deposit Insurance Corporation (FDIC). However, in the unlikely case of insolvency of Lincoln, your funds are protected by your state's insurance guaranty system. Contact the national organization of Life and Health Guaranty Associations (<http://nolhga.com>) to learn more about what limits might exist related to state insurance guaranty protection.

- **Fees** - There are no special fees for checks and no fees for monthly checking account service. You will be charged a fee of \$15 if you stop a payment and \$10 if you present a check for payment without sufficient funds. Additional checks may be ordered at no cost. Just contact a Customer Service Representative at Northern Trust at 1-800-343-2551.
- **Minimum Balance** - Your SecureLine® account will remain open until your balance drops below \$1,000, at which time your account will be automatically closed and a check for the remaining funds plus interest will be mailed to you.

CHECK

ACH

Wire (\$25.00 fee applies)

- **Total proceeds from jointly owned policies will be paid by check.**
- **If a request is made to wire funds or send funds through ACH to a bank account, a copy of a voided check must be submitted. Funds sent by wire are charged \$25.00 and the amount of the wire is deducted from the net surrender value.**

CONDITIONS AND AGREEMENTS

I (We) hereby accept the cash surrender of the above referenced policy in consideration of the payment by the Company of the policy's net cash surrender value as provided in the policy.

It is agreed that:

- Applicable surrender charges will be assessed.
- The surrender will be processed as of the date the form is received, in good order, with any supporting documentation, in the Home Office.
- The entire liability of the company under the policy (except for payment to you of the net cash surrender value of the policy), shall be discharged and terminated.
- No further insurance benefits under the policy will remain in force and coverage cannot be reinstated.
- The Company may require additional documents to execute the surrender of the policy.

INCOME TAX WITHHOLDING ELECTION

Federal law requires that 10% tax be withheld from the taxable portion of certain life insurance payments, unless you request not to have tax withheld. The tax is applied only to the taxable portion of the payment, not the entire payment, should this surrender be considered taxable. Even if you decide not to have federal/state tax withheld, you are still liable for payment of the income tax on the taxable portion of this payment. You may be subject to tax penalties under the Estimated Tax Payment Rules if your payment of estimated tax and withholding, if any, are not sufficient.

Elect withholding or no withholding by signing this form and filling in your Social Security number/Tax Identification number. If you do not make a choice we will withhold 10% for federal income tax in addition to any appropriate state income tax from any taxable portion of your payment.

This section must be completed. If no selection is made and your surrender is considered taxable, taxes will be withheld.

Check ONE BOX:

I do NOT want to have Federal Income Tax and State Income Tax withheld.

I DO want to have Federal Income Tax and State Income Tax (if state mandated) withheld.

Owner's Tax I.D. / Social Security Number: _____ **This is an IRS requirement.**

SPECIAL INSTRUCTIONS

AUTHORIZATION AND SIGNATURES

You certify that you are legally competent to make this agreement, that the policy/certificate is not now assigned to anyone person other than the undersigned, and that no proceedings in bankruptcy or insolvency involving any of the undersigned are now pending.

You certify that the taxpayer identification number above is correct and that you are not subject to backup withholding either because you have not been notified by the IRS that you are subject as a result of failure to report all taxable income, including all interest or dividends, or the IRS has notified you that you are no longer subject to backup withholding. *(You must cross out this paragraph if you have failed to report all interest and dividends on your tax return.)*

By signing below, you certify that the information provided is complete and accurate as shown. You also certify that you have read, understood, and agree to the information provided in the Income Tax Withholding section.

One officer’s signature, with title, and corporate resolution which names all officers authorized to sign on behalf of the corporation; or two officer signatures, with title, without corporate resolution, are required for corporate-owned policies/certificates. If owner is a trust, title pages (which indicate the full name of the trust, with the date of the trust, along with trustee names) and signatory pages of the trust are required.

Owner’s Signature (Required)

Date (Required)

Owner’s Name (Print or Type)

Title (Required for Corporation or Trust)

Owner’s (Joint Owner’s) Signature

Date

Owner’s Name (Print or Type)

Title (Required for Corporation or Trust)

If this is a Joint Owner Signature, please include your Date of Birth and Social Security Number for Patriot Act Compliance:

Date of Birth: _____

Social Security Number: _____

Assignee/Irrevocable Beneficiary’s Signature

Date

Assignee/Irrevocable Beneficiary’s Name (Print or Type)

Title (Required for Corporation or Trust)

Mailing Addresses:

Concord Mailing Address

PO Box 515
Concord, NH 03302-0515

Greensboro Mailing Address

PO Box 21008
Greensboro, NC 27420-1008

GENERAL INSTRUCTIONS

Complete a separate form for each policy unless the current owner and new owner information is the same on all policies.

Form must be dated. Forms not dated will be returned for completion.

A form which has been altered or on which there has been an erasure cannot be accepted unless the alteration or erasure is initialed by the current policy owner.

If policy is owned by a Trust, Corporation or Partnership title is required. Incomplete forms will be returned for completion.

The Social Security number or Tax Identification number of the owner must be provided in the appropriate space for Patriot Act Compliance.

The policy owner’s Date of Birth must be provided and shown in the appropriate space for Patriot Act Compliance.

SIGNATURE REQUIREMENTS

Please sign and Date on Page 3 under Section titled "Authorization and Signatures".

Owner	Signature(s) Required
Individual(s)	Policy Owner(s)
Corporation, Bank or Financial Institution	One officer signature with title, and a corporate resolution which names all officers authorized to sign on behalf of the corporation; or two officer signatures, with title, without corporate resolution.
Conservator	Letter of Conservatorship is needed along with court order designating conservator or guardian.
POA	Signature of attorney-in-fact showing title as AIF or POA. We require a copy of the POA document to be on file. If dated more than 3 years, we require an affidavit to accompany the request.
Trust	All Trustee(s) as authorized by the required trust documentation. We require the title pages (which indicate the full name of the trust with the date of the trust along with the trustee names) and signatory pages of trust.
Partnership or LLC	We require one general/managing partner signature and a copy of the Partnership agreement for Partnerships OR one managing member's signature with a copy of the operating agreement for LLC's.
Custodian/Minor	We require court order - "Letter of Guardianship" or UGMA or UTMA paperwork.
Signed by "X"	If signor is unable to sign and must sign with an "X" we require signature be notarized.
Stamped signatures	We will not knowingly accept a stamped signature.
All other interested parties	Contact customer service to verify signature(s) required.