



Request Disbursement of Life Insurance

INSURER: **Fidelity & Guaranty Life Insurance Company**
Fidelity & Guaranty Life Insurance Company of New York
Overnight: 777 Research Drive, Lincoln, NE 68521
Standard: P.O. Box 81497, Lincoln, NE 68501-1497
Phone: 888.513.8797 Fax: 800.281.5777

INSTRUCTIONS

COMPLETE AND RETURN PAGES 3-6 TO REQUEST A FULL OR PARTIAL SURRENDER OF YOUR POLICY.

FULL SURRENDER – terminates your Life Insurance coverage for a payout of the policy’s Net Surrender Value (after deduction of penalty charges and/or outstanding loan amounts).

PARTIAL SURRENDER – surrenders part of the policy’s Account Value. Partial Surrenders may only be processed after the First Policy Year, with a minimum request of \$500.00. This Partial Surrender is to be in accordance with and is subject to the provisions of the policy.

Required Sections to Complete:

- Owner/Insured
- Type of Surrender
- Section 1 (for **Partial Surrenders ONLY**)
- Section 2 (for **Full Surrenders ONLY**)
- Section 3 (for **Full Surrenders ONLY**)
- Section 4
- Signature(s)
 - MUST include Tax Identification Number(s), Date Signed, and Titles (if applicable)
 - Date Signed must be within 60 days of receipt

Include Supporting Documentation (if applicable)

- Trust
- Power of Attorney & Affidavit of Power of Attorney
- Conservator / Guardianship Paperwork
- Name / Signature Proof
- IRS Form W-9
- Owner Corporate Legal Document
- Estate Paperwork

Signature Requirements:

E-Signatures – E-Signatures are **NOT** acceptable on the Request for Disbursement of Life Insurance form. Physical “wet” signatures are required.

Signature Requirements For Policies NOT Individually or Jointly Owned:

Attorney-in-Fact – The attorney-in-fact must sign in capacity as “attorney-in-fact”; provide a copy of the entire Power of Attorney document, if not previously submitted.

Corporation, LLC – Two Officers of the company or managing member of the LLC must sign with title and provide either a corporate or board of director’s resolution, a copy of the Articles of Incorporation or operating agreement for the LLC. Officer 2, sign in “Other Required Signature” section.

Guardian – The guardian must sign in that capacity and provide a copy of the current guardianship document (e.g. John Doe, guardian).

Irrevocable Beneficiary – The irrevocable beneficiary must sign in the “Other Required Signature” section.

Partnership – All partners must sign with title, or the general or managing partner must sign with title. Two signatures required. Partner 2 sign in “Other Required Signature” section.

Trust – All trustee(s) must sign with title “trustee” according to the terms of the Trust Agreement.

NOTE: Surrenders (Full or Partial) CANNOT be processed on Term policies. Partial Surrenders CANNOT be processed on Whole Life policies.



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DISBURSEMENT PROCESSING INFORMATION

Address:

If the address entered on this form is different than the address of record, this will be entered as an address change to your record. Policy address of record will be updated to match a new address provided in the OWNER/INSURED section below. The Surrender of your policy will be processed 10 business days after address change.




Mailing and Addressee:

Payment will be mailed to the owner. If jointly owned, a check will be made payable to both owners but will be mailed to the first owner's address.

Returning Policy:

Return the policy if requesting a Full Surrender ONLY. If requesting a Full Surrender and policy cannot be found, be sure to complete Section 3.

RETURN COMPLETED FORM TO:

 U.S. Mail	Fidelity & Guaranty Life Insurance Company Service Center P.O. Box 81497 Lincoln, NE 68501-1497
 Overnight	Fidelity & Guaranty Life Insurance Company Service Center 777 Research Drive Lincoln, NE 68521
 U.S. Mail	New York Residents: Fidelity & Guaranty Life Insurance Company of New York Service Center P.O. Box 81337 Lincoln, NE 68501-1337
 Web	https://mypolicy.fglife.com/#/login
 Fax	Life Insurance: 800.281.5777

HAVE QUESTIONS?

Customer Service: 888.513.8797



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OWNER/INSURED

Policy Number		Owner / Insured Taxpayer Identification Number (SSN, TIN, ITIN)		
Owner / Insured Name: First / Middle / Last				
Street Address			Email Address	
City	State	Zip Code	Phone Number	

MAILING METHOD (Select One)

If your check is to be mailed overnight select "Overnight Mailing" and fill in the carrier and provide an account number to charge the overnight fee to.

Standard Mailing Overnight Mailing: Carrier _____ Account Number _____

CHOOSE TYPE OF SURRENDER (Select One)

Partial Surrender: Complete Sections 1 and 4 **Full Surrender:** Complete Sections 2, 3 and 4

SECTION 1: PARTIAL SURRENDER (Complete and proceed to Section 4)

Do not return policy with this request form.

Requested Surrender Amount (select one)

- Maximum Partial Surrender** (payment will equal the surrender value minus the amount contractually required to keep the policy in force).
- Partial Surrender** of \$ _____
- Maximum Available** "surrender charge free" partial surrender (if applicable).

Surrender Deductions (select one)

If left blank, the **GROSS** amount will be processed.

- I request the **GROSS** amount to be paid.
Applicable deductions will be taken from the surrender amount requested.
- I request the **NET** amount to be paid.
Applicable deductions will be taken from the remaining policy value to pay the entire surrender amount requested.



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SECTION 2: FULL SURRENDER (Complete and proceed to Section 3 or 4, see below)

Please return policy with this request form. If policy is lost, please complete Section 3 of this form. Otherwise, please proceed to Section 4.

- I hereby request the present cash surrender value of my policy listed above. I understand that surrender charges may be applicable. I further understand final payment by check will be mailed.
- Florida Residents Only**, choose the payment method of your entire disbursement (Select Only 1):
 - Check Payment**
 - Retained Asset Account**

By selecting a Retained Asset Account, your proceeds will be placed in an Asset Account established in your name. Your money will earn a competitive rate of interest and you will receive a checkbook for the account.

Except for payment of the surrender value less any indebtedness to the Company under this policy, the Company is hereby released from all liability under this policy.

SECTION 3: LOST POLICY CERTIFICATION (When this section is complete, please proceed to Section 4)

- By checking this box, I hereby represent that the above-referenced policy has been lost, mislaid, or destroyed, as I have been unable to find it after careful search and inquiry. By my signature below, I agree to hold the Company harmless from all loss, expense and liability for which the Company may become liable as a direct or indirect result of accepting this transaction without requiring the return of the policy. If the policy or any interest thereon has at any time been assigned, transferred or pledged to any person, company or corporation, the undersigned hereby attaches a copy of the assignment or states that the date thereof is _____, that the assignment is _____ (absolute or collateral) and that the full particulars are as follows: _____

SECTION 4: TAX WITHHOLDING (MUST BE COMPLETED)

The taxable portion of payments you receive from the Company may be subject to federal and/or state tax withholding, unless you elect not to have tax withheld and are eligible to do so. A distribution taken before age 59 1/2 may be subject to a 10% federal tax penalty in the case of a qualified contract. Eligible rollover distributions (e.g., a distribution from a tax deferred annuity) are subject to a mandatory 20% federal withholding.

Federal Tax Withholding. If you are a US person residing in the US, then based on the Certification information below, you may elect not to have federal tax withheld from the payment. **If you fail to make a valid, timely election, we will withhold at the default rate of 10% (20% in the case of an eligible rollover distribution).** To make this election, or to request a different withholding amount, you must complete the attached IRS Form W-4R and return it to us before the payment is made to which the Form is intended to apply.

Your withholding choice will generally apply to any future payment from the same contract. Submit a new **IRS Form W-4R** if you want to change your choice.

If you are not a US person, or a US person residing outside the US, we will withhold as required by law. In the case of a non-US person, we will withhold federal tax at the rate of 30%, unless you provide us with the appropriate IRS Form W-8 (e.g., Form W-8BEN or Form W-8BEN-E) demonstrating your entitlement to a different or zero withholding rate.



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State Tax Withholding. If you reside in the US, your state of residence may require or permit us to withhold state or local taxes. To the extent permissible by your residence state, you request that no state withholding apply or request a specific amount or percentage of withholding. Please indicate your choice:

Do not withhold any state taxes (to the extent permissible). Applicable State: _____

Withhold state taxes at the following rate or amount: _____% or \$_____ (to the extent permissible and subject to any minimums). Applicable State: _____

Note: Some states may require you to use specific state forms. If you do not use the proper form or otherwise fail to properly communicate your withholding choice to us, we may have to withhold in accordance with state default withholding rules. It is your responsibility to determine any applicable state forms that may be required and to provide them to us.

Questions. We recommend that you consult with a tax or financial advisor about withholding taxes and the options available to you. You may also talk to one of our policyholder service representatives, although they will not be able to provide tax advice.

CERTIFICATION (Substitute W-9)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (as defined in IRS Form W-9 instructions); and
4. The FATCA code(s) (as defined in IRS Form W-9 instructions) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Exemption from FATCA reporting code (if any) _____.

Cross out any of the above items that are incorrect (e.g., because you have been notified by the IRS that you are currently subject to backup withholding as a result of a failure to report all interest and dividends on your tax return).

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



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SIGNATURES (Physical signatures required, electronic signatures will not be accepted)

SIGNATURE HERE	
*Owner Signature (Please do not print):	
*Date (MM/DD/YYYY):	Phone Number
*Title, if applicable:	
<input type="checkbox"/> Trustee <input type="checkbox"/> Attorney-in-Fact <input type="checkbox"/> Conservator/guardian <input type="checkbox"/> Other: _____	

SIGNATURE HERE	
*Joint Owner Signature (Please do not print):	
*Date (MM/DD/YYYY):	Phone Number
*Title, if applicable:	
<input type="checkbox"/> Trustee <input type="checkbox"/> Attorney-in-Fact <input type="checkbox"/> Conservator/guardian <input type="checkbox"/> Other: _____	

SIGNATURE HERE	
*Irrevocable Beneficiary Signature (Please do not print):	
*Date (MM/DD/YYYY):	Phone Number
*Title, if applicable:	
<input type="checkbox"/> Trustee <input type="checkbox"/> Attorney-in-Fact <input type="checkbox"/> Conservator/guardian <input type="checkbox"/> Other: _____	

SIGNATURE HERE	
*Other Required Signature (Please do not print):	
*Date (MM/DD/YYYY):	Phone Number
*Title, if applicable:	
<input type="checkbox"/> Trustee <input type="checkbox"/> Attorney-in-Fact <input type="checkbox"/> Conservator/guardian <input type="checkbox"/> Other: _____	