



**ASSURITY® LIFE INSURANCE COMPANY**  
 (800) 869-0355 • FAX (888) 255-2060  
**ASSURITY® LIFE INSURANCE COMPANY OF NEW YORK**  
 (844) 401-7585 • FAX (888) 255-2060  
 Administrative Office • Post Office Box 82533, Lincoln, NE 68501-2533

## Surrender Request

*First, Middle, Last*

Insured's Name \_\_\_\_\_ Policy/Certificate Number(s) \_\_\_\_\_  
 Owner's Home/Cell Phone (\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_ Owner's Email Address \_\_\_\_\_

### SURRENDER

**When surrendering a policy, please return the policy if available.**

Owner's Soc. Security/Tax ID No. \_\_\_\_\_ (Note certification above signature line.)

Tax Withholding:  Yes  No If Yes, Federal: \$ \_\_\_\_\_ or \_\_\_\_\_ % State: \$ \_\_\_\_\_ or \_\_\_\_\_ %

### DISTRIBUTION METHOD

Check  Direct Deposit (complete Bank Authorization section)

### BANK AUTHORIZATION (must be deposited to Owner's bank account)

Type of Account:  Checking  Savings

I (we) hereby authorize Assurity to initiate credit entries to my (our) account indicated below, and I (we) authorize the bank indicated below to accept and to credit the amount of such entries to my (our) account. Such authorization does not allow Assurity to debit entries to my (our) account.

Account Holder

Bank Name

Nine-digit Bank Routing No.

Your Account No.

**Please confirm that your routing number and account number are correct.  
 TO ENSURE CODING ACCURACY, SUBMIT A VOIDED CHECK  
 A VOIDED CHECK IS REQUIRED FOR DEPOSITS OF \$10,000 OR MORE.**

### MISCELLANEOUS

**NOTE: By signing this form, you are requesting a surrender of your policy. Once surrendered the policy/certificate cannot be reinstated.**

**Substitute Form W-9 information (Request for Taxpayer Identification Number and Certification): I, the Owner (or each Joint Owner), certify under penalties of perjury that the number shown is my correct Taxpayer Identification Number. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. Person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.**

\_\_\_\_\_  
 Date (MM/DD/YYYY)

\_\_\_\_\_  
 Signature of Owner/Account Holder

\_\_\_\_\_  
 Signature of Agent (if witnessed)

\_\_\_\_\_  
 Signature of Joint Owner

Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, New York. Product availability, features and rates may vary by state.