

Guarantee Trust Life Insurance Co.

POLICY SERVICE FORM – ANNUITY WITHDRAWAL/SURRENDER

PLE	ASE PRINT				
lnoi	ıradı			Date:	
Insured:					
Date of Birth:				Social Security No.:	
Owi	ner:				
Owi	ner's Phone Number:	()	<u>-</u>		
Mailing Address of Owner:		Number and Street			
		City	State	Zip Code	
Owner's Date of Birth:				Social Security No.:	
	☐ Check box if this is a new address.				
*No	te: Section 2 must be si	gned before we can process	any requests.		
* Ind (TE rece rece the This	1) Annuity Withdrawal/ Surrender - Please indicate your request by marking the appropriate box below. Withdrawal \$ Dollars Surrender Annuity * Income Tax Withholding Notice and Election: In 1982, Congress passed the Tax Equity and Fiscal Responsibility Act (TEFRA). This law requires that a tax of 10 % be withheld from the taxable portion of certain life insurance payments you receive unless you decide not to have tax withheld. Withholding applies only to the taxable portion of the payment you receive, not the entire payment. The taxable portion, which is subject to withholding, is, in general, equal to the excess of the amount you receive over the total net amount which is considered to be your cost basis for such amount. This space must be filled out if you are withdrawing from or surrendering your annuity rider. Elect withholding or no withholding by marking the appropriate box below: I elect NO withholding I elect withholding				
	Company may request act to each request checked guarantee that the above in the request and that no	Iditional information or impose on this form and I also agree t policy is not assigned (as coll actions of bankruptcy are per	e additional requiremon that no request will be ateral) to any other p	conditions of the policy and that the ents. I agree that my signature will apply ecome effective if it is not checked. I person or corporation, except where stated	
	Date:				
	Owner's signature:				