

**Guarantee Trust Life Insurance Co.** 

## POLICY SERVICE FORM – ANNUITY WITHDRAWAL/SURRENDER

		Date:	·····
	<del></del>	Policy No.:	
		Social Security No.:	<u> </u>
Number and Street			
City	State	Zip Code	
Owner's Date of Birth:		Social Security No.:	
w address.			
ned before we can process any	requests.		
	() Number and Street City w address.	() Number and Street City State	Policy No.:

- Annuity Withdrawal/ Surrender Please indicate your request by marking the appropriate box below.
   Withdrawal Maximum Amount
  - U 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

2) By my signature I accept that this request is subject to all of the terms and conditions of the policy and that the Company may request additional information or impose additional requirements. I agree that my signature will apply to each request checked on this form and I also agree that no request will become effective if it is not checked. I guarantee that the above policy is not assigned (as collateral) to any other person or corporation, except where stated in the request and that no actions of bankruptcy are pending.

Date: \_\_\_\_\_

Owner's signature: