



**United Home Life Insurance Company**  
 225 South East Street, P.O. Box 7192, Indianapolis, Indiana 46207-7192  
 Phone: 1-800-428-3001 Fax: 317-692-8402

**REQUEST FOR CASH SURRENDER/CANCELLATION OF LIFE INSURANCE POLICY**

Policy No. \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Insured \_\_\_\_\_ Agent \_\_\_\_\_ Agent Code \_\_\_\_\_  
 Policy Owner \_\_\_\_\_ Agent Telephone No. \_\_\_\_\_  
 (If other than Insured)

**Transaction requires completion of the following election and tax withholding request**

I elect the total **Cash Surrender/Cancellation** of the above life policy with the United Home Life Insurance Company.

**In accordance with the provisions of the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982**

- I **DO NOT** want Federal Income Tax withheld from my distribution.  
 If you elect not to have Federal Income Tax withheld, you are responsible for payment of any tax due on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Such distribution is taxable in the year payment is made.
- I elect to have Federal Income Tax withholding according to the applicable withholding provisions of the Tax Equity and Fiscal Responsibility Act of 1982.

I (we) certify that no other person, firm, or corporation has any interest in the policy except the undersigned and that no proceedings in bankruptcy or insolvency have been instituted or are pending against the undersigned.

I, the policy owner, hereby certify under penalties of perjury, that the Social Security number provided is true, correct, and complete.

**RELEASE OF INTEREST**

a. By:  Collateral Assignee  Other (specify) \_\_\_\_\_

For the value received, I hereby release all rights, title, and interest in the above policy.

b.  SPOUSE/FORMER SPOUSE IN COMMUNITY PROPERTY STATE

I (print full name) \_\_\_\_\_, spouse/former spouse of the owner of the above policy, hereby release all rights, title and interest which I may have in this policy now or in the future, by virtue of the Community Property Laws of the State of \_\_\_\_\_,

\_\_\_\_\_  
 Signature (assignee, Spouse/Former Spouse, Other) Date

\_\_\_\_\_  
 Designate Relationship

**DO NOT SIGN A BLANK FORM**

_____ Owner's Address  _____ City/State <span style="margin-left: 100px;">Zip</span>  _____ _____	X _____ Owner's Signature  _____ Owner's Social Security No. (TIN)  X _____ Signature of Agent or Witness  _____ Date
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