



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. We will withhold 10% of the taxable distribution. If you wish a higher percentage, then indicate the amount to withhold here _____.

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 (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin)

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

California Residents: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

_____ Owner's Address _____ City/State Zip _____	<p align="center">X _____ Owner's Signature</p> <p align="center">_____ Owner's Social Security No. (TIN)</p> <p align="center">X _____ Signature of Agent or Witness</p> <p align="center">_____ Date</p>
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DO NOT SIGN A BLANK FORM