



2416 Sir Barton Way Suite 110 • Lexington, KY 40509
 Phone: 800-888-6542 • Fax: 859-335-0307
 contact@mountainlife.com • www.mountainlife.com

Annuity Withdrawal/Surrender Request

1. Owner Information

_____		_____	
Owner full name		Owner SSN or EIN	
_____		_____	
Contract Number	Owner phone	Owner email	
_____		_____	
Joint Owner (if applicable)		Joint Owner SSN or EIN (if applicable)	

2. Surrender Details

Checks and electronic fund transfers (EFTs) are processed from the 1st through the 25th of each month.

Full surrender (this will close the contract)

One-time partial surrender (select one) Amount \$ _____ Amount that is penalty free

Ongoing Automatic Payout Option (APO)
 New Change Cancel

Payout frequency Monthly Quarterly Semi-annually Annually Start Date ____/____/____

Automatic payout options (select one)

Interest only Fixed amount \$ _____ Amount that is penalty free

3. Delivery of Payment

Check Direct Deposit Complete bank information for direct deposit

Full name of bank account owner(s)

Full name of bank Account Type Checking Savings

Routing number Account number

Apply to another Mountain contract/account. Only available for one-time partial or complete surrenders.

_____	\$ _____	_____
Contract number	Premium amount	Loan repayment

4. Withholding and Charges

Surrender Charges and Tax Withholding Amount

Any surrender/decrease charges or tax withholding should be selected below.

- Add to amount requested. *Your distribution will be for the amount requested. Your account balance will be reduced by this amount plus, any applicable surrender charges, federal/state tax withholding.*
- Subtract from amount requested. *Your distribution will be for the amount requested less any applicable surrender charges, federal/state tax withholding. Your account balance will be reduced by the amount requested.*

Unless otherwise indicated on this form, any surrender charges and/or withholding will be added to the distribution amount requested.

Federal and State Withholding Election

Under current federal income tax law, we are required to withhold 10% of the taxable portion of the cash surrender value and pay it to the IRS unless you tell us in writing not to withhold the tax. Some states also require us to withhold state income tax if we withhold federal tax.

If you do not want to withhold or would like a percentage other than the required withholding percentage, indicate below.

- Do not withhold federal income tax
- Other federal withholding _____%
- Do not withhold state income tax
- Other state withholding _____%

5. Additional Information

6. Validation

For your protection, validation of your identity is requested for certain transactions, as noted below. Please provide appropriate documentation.

Surrender/disbursement transactions:

- a. Greater than \$499,999 will require a Notary Public for contract transactions.
- b. Greater than \$99,999 and up to \$499,999 will require one of the following forms of validation:
 - Attestation by a Mountain Life representative
 - A Notary Public
- c. Greater than \$10,000, less than \$99,999, and the address of record changed within the prior 30 days will require a Notary Public or attestation by a Mountain Life representative.
- d. Greater than \$10,000, less than \$99,999, and the bank information provided has been on record for less than 30 days will require a Notary Public or attestation by a Mountain Life representative.
- e. Requesting special distribution instructions will also require one of the two forms of validation listed in (b) above.

Examples include: Request to send proceeds to an address other than the one listed on your contract and/or request to make proceeds payable to someone other than the current owner.

A Notary Public may generally be obtained at any national bank.

7. Agreements and Signatures

I authorize Mountain Life Insurance Company to process the requested distribution and I certify: 1) I understand this transaction may be taxable and subject to surrender charges; 2) I understand I have the opportunity to request a quote of the taxable gain and surrender charges prior to requesting this transaction; and 3) I understand this transaction, including any distribution of taxable gain or assessment of surrender charges, cannot be reversed.

If you are signing in any capacity other than the owner/controller/assignee, a title (power-of-attorney, conservator, guardian, trustee, authorized person, etc.) must be provided.

Signature of owner/controller/assignee

Title

Date signed

Signature of joint owner/controller/assignee

Title

Date signed