

ANNUITY NUMBER



PARTIAL AND FULL SURRENDER REQUEST

OWNER

SSN

To be completed for partial and full surrenders.
For questions, please contact:

JOINT OWNER

SSN

United American Insurance Company
Customer Service Department
P.O. Box 8080 McKinney, Texas 75070
Phone: 800-585-9739
Fax: 972-569-3698

ANNUITANT (If different from Owner)

SSN

OWNER'S ADDRESS

CITY

STATE

ZIP CODE

MAIL CHECK TO

☐ Annuitant☐ Owner☐ Direct Deposit (form attached)**A**

FULL CASH SURRENDER APPLICATION — FOR SURRENDER, PLEASE RETURN THE POLICY CONTRACT WITH THIS FORM

If the policy contract is not returned, by Signing this surrender request form the owner certifies under penalty of perjury that the policy contract has been lost or destroyed, and that it has not been assigned, transferred, or pledged. In addition, the owner agrees that the policy contract is no longer in effect, agrees to return it if found, and agrees to hold United American Insurance Company harmless from any and all loss, which may occur, directly or indirectly on account of accepting this certification.

I hereby surrender the above annuity for cancellation in accordance with its provisions, and request payment to me of the full value (less any indebtedness to the Company) as of the date to which premiums are now paid.

It is understood and agreed that all liability of United American Insurance Company arising out of or under said annuity shall terminate and cease upon acceptance of this request by said Company

B

PARTIAL CASH SURRENDER APPLICATION

As owner of the above annuity, I hereby request a partial surrender of \$_____ thereunder pursuant to the terms of the annuity. I understand that this partial surrender will reduce the Accumulated Value of this annuity by the amount requested plus any applicable surrender charges.

IMPORTANT TAX INFORMATION

1. The withdrawal that you have requested from this annuity may be subject in whole or in part to Federal Income Tax and may be subject to an additional tax penalty. Tax penalties may occur when withdrawals are made prior to age 59½ other than in the event of disability. You should consult your tax advisor for details.
2. You will receive a statement early next year which sets forth the taxable portion of your withdrawal which must be reported on your income tax return.
3. **We are required by law to withhold Federal income tax from your withdrawal unless you tell us not to withhold.**
4. You are responsible for the payment of income tax and for filing any estimated income tax forms that may be required in the event tax is not withheld. You may also incur penalties if your withholding and estimated tax payments are insufficient.
5. If withholding is applied to your withdrawal, tax will be withheld on the amount includable in your income subject to Federal income tax.
6. You may elect not to have withholding apply to your withdrawal, otherwise withholding will be made.

I certify that said annuity is not assigned, pledged or hypothecated to anyone and there are no bankruptcy or insolvent proceedings pending against me in any court, and that no Federal tax lien has been filed against the annuity or the person having the rights to the proceeds.

I hereby make the following elections:

- ☐ **OPTION A** (Full Cash Settlement) ☐ **OPTION B** (Partial Cash Surrender)

Failure to complete the following may result in the delay of processing your request.

- ☐ **I do NOT want Federal and State income tax withheld (check here), or**
☐ **I want _____% or \$ _____ withheld for Federal, and _____% or \$ _____ for State tax purposes.**

This application has been executed at _____ (City)

State of _____, this _____ day of _____ (Month), _____ (Year)

✓

Signature of Owner

✓

Signature of Joint Owner (if applicable)

OHIO INSURANCE FRAUD WARNING: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.