



FARMERS LIFE INSURANCE COMPANY

Annuity Withdrawal/Surrender Request

1. Owner Information

SSN or EIN and email are optional in the state of California.

Owner full name Owner SSN or EIN

Contract number Owner phone Owner email

Annuitant/Insured (if other than owner) Annuitant/Insured SSN or EIN (if other than owner)

2. Surrender Details

- Full surrender (this will close the contract)
One-time partial surrender amount 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 \$ Fixed percentage %

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 Farmers contract/account. Only available for one-time partial or complete surrenders.

Contract number Premium amount Loan repayment

4. Request for Waiver of Surrender Charges (subject to availability)

Optional in the state of California.

- Confinement to health care facility still applicable. Information already on file at Farmers.
Request for Waiver of Surrender Charges for Health Care Facilities Confinement form will be sent to Farmers.
A letter from the nursing home concerning waiver of surrender charges will be sent to Farmers separately.
A letter from an attending physician or doctor indicating a life expectancy of less than 12 months will be sent to Farmers separately. Attending physician cannot be a family member.
A Claimant's Statement for Total Disability form and an Attending Physician's Statement of Disability form will be sent to Farmers separately.
Proof of state unemployment benefits will be sent to Farmers separately.

---

## 5. 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 \_\_\_\_\_%

---

## 6. Additional Information

---

## 7. Validation (see validation requirements in disclosure section)

*Medallion Signature Guarantee Seal or Notary Seal*



---

## 8. Agreements and Signatures

I authorize Farmers 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

---

## Disclosure

### Validation

For your protection, validation of your identity is requested for certain contract transactions.

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 Farmers Life representative
  - A Notary Public
- c. Greater than \$10,000, less than \$99,999, and the address of record changed within the prior 15 days will require a Notary Public or attestation by a Farmers Life representative.
- d. Greater than \$10,000, less than \$99,999, and the bank information provided has been on record for less than 15 days will require a Notary Public or attestation by a Farmers 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.

