Instructions for Surrender - State of California Only

Please complete Sections 5 and 6 along with the other highlighted items in order to surrender this policy. Please have your written signature witnessed by a disinterested party. If a corporation owns the policy we require the signatures and titles of two of the officers in order to process this request.

Life insurance is a critical part of a broader financial plan. There are many options available and you have the right to shop around and seek advice from different financial advisers in order to find the option best suited to your needs.

Instead of surrendering the policy, you may want to consider one of your other options listed below:

- 1) Have your policy endorsed as a Guaranteed Reduced Paid Up Policy. You may wish to contact the Administrative Office at 1-833-508-0404 to obtain the amount of Paid Up Insurance available in your policy. (No further premium payments ever required, and the face amount will never decrease.) If you choose this option, complete Section 1 of the Policyholders Service Request Form and all other shaded items.
- 2) Request a policy loan up to the maximum available. You may wish to contact the Administrative Office at 1-833-508-0404 to obtain the amount of loan available. For a policy loan, complete Section 3 of the Policyholders Service Request Form and all other shaded items.

For the protection of both parties, if you live in a community property state we request that the owner's spouse join in signing and dating the enclosed Acknowledgement form. If you are divorced and your property settlement agreement addresses incidents of ownership of this policy, we require a copy of the divorce decree or property settlement that shows to whom the policy was awarded.

Before you complete the form and return it to the Administrative Office you may wish to call us to discuss these options regarding your policy



STATE MUTUAL INSURANCE COMPANY P.O. BOX 11864

WINSTON SALEM, NC 27116 1-833-508-0404 (TOLL FREE)

POLICY SERVICE REQUEST

POLICY NO.	INSURED	OWNER	CHOOSE ONE:				
			Single Divorced Married Widow/Widower				
The undersigned hereby requests and directs the Company to make the following changes or take the action requested below. (Check the section you want changed and complete the required information.)							
Section 1. REQUEST FOR NON-FORFEITURE OPTION OR AUTOMATIC PREMIUM LOAN PROVISION							
TO: REDUCED PAI	D UP EXTEND		TOMATIC PREMIUM LOAN				
Section 2. CHANGE DIVIDEND OPTION							
TO: CASH REDUCE (Available with annual ACCUMULATE PAID UP ADDITIONS PREMIUMS premium payments only)							
Section 3. CASH LOAN REQUEST							
☐ MAXIMUM AVAILABLE ☐ INCLUDE CASH VALU			H (UP TO MAXIMUM AVAILABLE) ested)				
INCLUDE CASH VALUE OF PAID UP ADDITIONS. (Cancels Self Support Dividend Option If Requested) In consideration of the advance by State Mutual Insurance Company of this requested loan, all rights, title, and interest in this policy is assigned to the Company as sole security for the repayment of the loan with interest, subject to the loan provisions of the policy. The loan provisions are made a part of this agreement. The undersigned declares that no bankruptcy proceedings are now pending.							
Section 4. WITHDRA	AWAL / SURRENDER OF FUN						
\$ \$	DIVIDEND ACCUMULATIONS CASH SURRENDER OF PAID	•	PREPAID PREMIUMS* ANNUAL PREMIUM LIFE*				
\$	ADDITIONS FLEXIBLE PREMIUM ANNUIT	Y* \$	OTHER				
			*Have Withdrawal Penalty				
Section 5. SURREN							
		policy, and all claims thereunder, and d					
the proceeds after deduction of indebtedness, if any. The undersigned declares that no bankruptcy proceedings are now pending. Section 6. WITHHOLDING NOTICE							
The federal tax law provides that any nonperiodic distribution to you from a policy or rider by State Mutual Insurance Company will be subject to Federal Income Tax. There will be no withholding on the portion of distribution, which represents the return of your own premium contributions. You may elect not to have withholding apply to your distribution by completing the section below and returning it to us. If your election is not returned, we will process your distribution request with the withholding of Federal Income Tax at the rate of 20% from the taxable portion of the withdrawal. If you elect not to have withholding apply to your distribution, you may be responsible for payment of estimated tax. You may also incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.							
Please check the appropr			lect to have withholding from any stribution made from my policy.				
Section 7. SPECIAL INSTRUCTIONS							
SIGNATURES OF POLICY OWNER AND/OR ASSIGNEE REQUIRED							
OWNER SIGNATURE	SHOW TITLE IE SIGNED ON BEHALE OF CORPO	RATION .					
ADDITIONAL SIGNATURE (if Required) SHOW TITLE IF SIGNED ON BEHALF OF CORPORATION							
OWNER'S MAILING ADDRESS	NUMBER STREET	CITY	STATE ZIP				
WITNESS SIGNATURE*			DATE				
*WITNESS MUST BE AN UNRELATED AD	OULT PERSON WITH NO INTEREST IN THE POLICY	Y PRINTED NAME					

<u>IMPORTANT: DO NOT USE CORRECTION FLUID ON THIS FORM. IF YOU HAVE MADE AN ERROR, MARK THROUGH</u>
<u>IT AND INITIAL YOUR CHANGE</u>.

STATE MUTUAL INSURANCE COMPANY PO BOX 11864 WINSTON SALEM, NORTH CAROLINA 27116

OFFICE: 1-833-508-0404 FAX: 1-336-759-3141

ACKNOWLEDGEMENT

Policy N	Number:	Insured:					
I have a	an interest in the policy numbered abo	ove as indicated below:					
Please	check one:						
	Irrevocable beneficiary						
	Assignee under an assignment	·					
	Spouse living in a community prope	rty state (AZ, CA, GU, ID, LA,	NV, NM, TX, WA, WI)				
Hereb	y acknowledge the owner of the above	e referenced policy has made	:				
	A request for Partial Withdrawal from	est for Partial Withdrawal from an annuity reducing the value of the annuity.					
	A request for withdrawal of dividend	thdrawal of dividends.					
	request for Partial Surrender of a Universal Life policy; reducing the face amount of the policy						
	A request for Reduced Paid Up Insurance – the face amount is reduced to the amount that can be bought by the Net Single Premium equal to Net Cash Value of the policy.						
	A request for Policy Loan – if not re	quest for Policy Loan – if not repaid, the face amount is reduced by the outstanding loan when a claim is made.					
	A request for Cash Surrender – the policy has no further value and does not provide a death benefit.						
	A request for Change of Beneficiary – the beneficiary previously named is being changed.						
	A request for Change of Owner – the owner previously named is being changed.						
	A request to Add a Contingent Owner other than the current spouse.						
	A request for Assignment – the entire policy or a portion thereof, is being given to another.						
	A request for Accelerated Death E persons checked above, you will re Accelerated Benefit has been paid.						
	A request for Reduction in Death E	·					
	ing this Acknowledgement, I agree the		and the Company may	act on, the above request.			
J							
Printed	I Name of Person with interest as	indicated above					
Acknov	wledged before me this	day of		, 20			
by				·			
	erson is known to me or has produ						
		Notary Signature					
	(Seal)						
	·		mmission No.				

Once completed, return the form to the address at the top of this document.

DISCLOSURES

Important Information About Your Life Insurance Policy

Life insurance is a critical part of a broader financial plan. If you are considering a change to the policy or its status, there are many options available. You have the right to shop around and seek advice from different financial advisers. You should consider consulting with a licensed insurance or financial adviser in order to find the option(s) best suited to your needs.

Residents of New Hampshire: Any of the following actions related to your life insurance policy may have significant future financial, tax or other implications:

- Surrender of the policy
- Failure to pay premium
- Lapse of the policy
- Application of the equity of the policy toward payment of premium
- Application of accumulated dividends toward payment of premium
- Financing premium payments
- Assignment of the policy or any right under the policy
- Sale of the policy

Before you act, you need to consider all options carefully and seek advice from a licensed financial advisor, attorney or other professional who can explain all available options and consequences.

Residents of New York: Your policy may have a cash surrender value. Further information, including the amount of cash surrender value, is available upon written request from the policyowner at our address shown above.

Residents of Oregon: Please contact the Oregon Insurance Division of Insurance for further information. Visit its web site at http://insurance.oregon.gov/consumer/life-insurance/understand life.html or call an advocate at 1-888-877-4894 or 1-503-947-7984.