

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
PO BOX 11864
WINSTON SALEM, NORTH CAROLINA 27116
OFFICE: 1-833-508-0404
FAX: 1-336-759-3141

ACKNOWLEDGEMENT

Policy Number: _____ Insured: _____

I have an interest in the policy numbered above as indicated below:

Please check one:

- Irrevocable beneficiary
- Assignee under an assignment
- Spouse living in a community property state (AZ, CA, GU, ID, LA, NV, NM, TX, WA, WI)

Hereby acknowledge the owner of the above referenced policy has made:

- A request for **Partial Withdrawal** from an annuity reducing the value of the annuity.
- A request for withdrawal of dividends.
- A 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 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 Benefit** – the face amount is reduced by the amount of the benefit. As one of the persons checked above, you will receive a disclosure of the final cash value, loan value and face amount once the Accelerated Benefit has been paid.
- A request for **Reduction in Death Benefit**.

By signing this Acknowledgement, I agree that the policyowner may make, and the Company may act on, the above request.

Signature of Person with Interest as indicated above

Date

Printed Name of Person with interest as indicated above

Acknowledged before me this _____ day of _____, 20_____

by _____.

Such person is known to me or has produced _____ as identification.

Notary Signature _____

(Seal)

Notary Printed Name _____

Notary Public Commission 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.
