

Instructions for Surrender - (excluding California, Kentucky, Oregon, and Washington)

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.

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 (Arizona, Guam, Idaho, Louisiana, Nevada, New Mexico, Texas, Wisconsin)* 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.

*Note that California, Kentucky, Oregon and Washington have state-specific surrender forms.



POLICY SERVICE REQUEST

POLICY NO.	INSURED	OWNER	CHOOSE ONE:
			<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> 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 PAID UP EXTENDED TERM ADD AUTOMATIC PREMIUM LOAN

Section 2. CHANGE DIVIDEND OPTION

TO: CASH REDUCE (Available with annual PREMIUMS premium payments only) ACCUMULATE PAID UP ADDITIONS

Section 3. CASH LOAN REQUEST

MAXIMUM AVAILABLE _____ CASH (UP TO MAXIMUM AVAILABLE)
 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. WITHDRAWAL / SURRENDER OF FUNDS

\$ _____	DIVIDEND ACCUMULATIONS	\$ _____	PREPAID PREMIUMS*
\$ _____	CASH SURRENDER OF PAID UP ADDITIONS	\$ _____	ANNUAL PREMIUM LIFE*
\$ _____	FLEXIBLE PREMIUM ANNUITY*	\$ _____	OTHER

*Have Withdrawal Penalty

Section 5. SURRENDER OF POLICY

For the Cash Surrender Value, the undersigned surrenders this policy, and all claims thereunder, and directs that a check be forwarded for 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 appropriate box. I elect to have no income tax withheld from any distribution made from my policy. I elect to have withholding from any distribution made from my policy.

Section 7. SPECIAL INSTRUCTIONS

SIGNATURES OF POLICY OWNER AND/OR ASSIGNEE REQUIRED

OWNER SIGNATURE _____ TAX ID#/SS# _____
SHOW TITLE IF SIGNED ON BEHALF OF CORPORATION

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 ADULT PERSON WITH NO INTEREST IN THE POLICY PRINTED NAME

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

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.