

INSTRUCTIONS
SURRENDER, LOAN, or DIVIDEND FORM

Instructions for Completing the Surrender, Loan and Dividend Form

1. The form is not acceptable unless fully completed, dated, properly signed and submitted to the company within six months of signing the form. **Altered forms cannot be accepted. This includes erasures, corrections and the use of whiteout on the form.** If you need to make a change to a completed form, please contact us for another form. **FOR SURRENDERS, PARTIAL SURRENDERS OR WITHDRAWALS COMPLETE EITHER OPTION ONE OR TWO BUT NOT BOTH. IF BOTH OPTIONS ONE AND TWO ARE MARKED YOUR FORM CANNOT BE ACCEPTED FOR PROCESSING.**
2. All signatures must be in ink and written exactly as the name is given in the policy or assignment. In the case of **name change**, we require legal proof of the change such as a Marriage Certificate, Divorce Decree, Drivers License, Social Security Card, Court Order or Federal ID card.
3. A separate Surrender, Loan, or Dividend form must be used for each policy.
4. If your policy has **multiple owners**, please provide us with the tax identification number for each owner. If necessary, use a separate sheet of paper to list the owners, their tax identification number, the policy number, the date, and each owner's signature.
5. **Your policy must be returned** when a full Surrender is requested; however, if your policy has been lost checking the **Full Cash Surrender Box** also acknowledges if the policy is not included with the request that it has been lost or destroyed and agrees to return the original policy to the Company, without claim, should it be found.
6. The applicable **Income Tax Box** must be checked on the Surrender and Dividend Forms. If a box is not checked and there is a taxable gain on your distribution, taxes will be withheld. Please note that your request for surrender or withdrawal of dividends must be received prior to November 15 of the current year to ensure that your request is processed and tax reported in that year. Requests received after November 15 of the current year may be processed and tax reported in the next year.
7. In signing the form you acknowledge that you have read the information pertaining to **Social Security Number Certification** on the Surrender, Loan, or Dividend Form.
8. **If a trust is the Owner of the policy**, please include the full name of the Trust, including the Date of the Trust, the Tax ID Number and a copy of Trust. If you do not wish to provide us with a copy of the entire Trust, please provide us with the portions of the Trust document that designate:
 - The name of the Trust
 - The name of the Trustee(s)
 - The date of the Trust
 - Signature(s) of Trustee(s)
 - In the event the trustee has changed since the original designation with our Company, provide us with any letters of resignation and/or letter of acceptance of the new trustees.
9. **If the policy is corporately owned**, an officer of the Corporation, **other than the insured**, must sign on behalf of the Corporation, indicating their corporate title. Please submit legal documentation listing the currently authorized signers for the company. This information should be on company letterhead or be a copy of the corporate minutes.
10. **If the owner's signature has changed over the years** and there is a chance that it will not match the signature we have on file, please have the signature notarized in the space provided. That will assist us to process your request without delay.
11. **If the designated beneficiary** is an irrevocable beneficiary he/she must sign the Form being returned.
12. **If the policy has been assigned**, the Assignee must sign the Form being submitted and must provide the appropriate paperwork to support the signature.
13. **Spousal Signature Requirements**
For the protection of both parties, if the owner resides in a Community Property State, **we request that the owner's spouse join in signing and dating this form.** If the owner resides in CA, ID, NV or WA the owner's spouse must sign and date the form and if there has been a dissolution of marriage due to divorce or death, please provide us with a copy of the divorce decree or death certificate. **The divorce decree must clearly state to whom the policy was awarded.**

Aurora National Life Assurance Company
PO Box 4336, Clinton, IA 52733-4336 • (800) 265-2652

Policy Number _____

Insured's Name _____

Owner's Name _____

Owner's SS #/Tax ID# _____

Note: Only Complete Option One OR Option Two. If both Options are completed the Form Cannot Be Accepted.

OPTION ONE:

Full Cash Surrender – The undersigned understands that this surrender is subject to all applicable policy provisions and applicable surrender charges, if any. Upon receipt of a full surrender request by the Company at its designated office, the Company's obligation for any insurance under the above policy shall immediately cease and the only liability the Company will have shall be to pay such surrender value. The policy becomes null and void. If the original policy is not enclosed with this request, the undersigned certifies the above policy has been lost or destroyed and agrees to return the original policy to the Company, without claim, should it be found.

OPTION TWO: (If you checked the Full Cash Surrender box in Option One, do not check any of these boxes)

Partial Cash Surrender/Withdrawal (Review your policy provisions since the policy death benefit or cash value may be reduced by the amount of this surrender-check type of surrender)

Maximum Amount Partial Surrender/Withdrawal \$ _____ (fill in amount)

Apply proceeds to policy number _____ in the amount of \$ _____ for
 Premium payment or Loan payment

Tax Withholding Election (IF NEITHER BOX IS CHECKED, TAXES – IF APPLICABLE – WILL BE WITHHELD)

You may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, are not adequate. Please contact your tax advisor for more information.

No, do not withhold federal income tax and state income tax where applicable from my distribution.
 Yes, withhold federal income tax and state income tax where applicable from my distribution.

Social Security Number Certification – Under penalty of perjury, I certify that 1) the tax ID number above is correct (or I am waiting for a number to be issued to me), 2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U.S. person (including a U.S. resident alien). Please cross through item 2 if you have been notified by the IRS that you are subject to back up withholding because you have failed to report all interest and dividends on your return.

The undersigned agree that this policy has not been assigned, pledged or transferred to any person, firm or corporation except the undersigned and that no other person, firm or corporation has any interest in this policy. The undersigned agree that no federal tax liens exist on his/her property and further that he/she is not now adjudged insolvent nor has he/she made a general assignment for the benefits of creditors that remains unsatisfied. The undersigned request(s) the Company to take the action(s) indicated above.

Owner Signature _____ Printed Name _____ Date _____

Joint Owner Signature _____ Printed Name _____ Date _____

Assignee Signature _____ Printed Name _____ Date _____

Irrevocable Beneficiary Signature _____ Printed Name _____ Date _____

Assignee Requirements: This section must be completed by the Assignee only.

Check the appropriate box below and sign where designated. The check will be made payable as requested and mailed to the policy owner's address of record. If neither box is checked the check will be made payable to the Policy Owner and Assignee.

Make the check payable to the Policy Owner and the Assignee. Make the check payable to the Policy Owner only.

Assignee's Signature _____ Date _____

Spousal Signature Requirements

For the protection of both parties, if the owner resides in a Community Property State, we request that the owner's spouse join in signing and dating this form. If the owner resides in CA, ID, NV or VA the owner's spouse must sign and date this form below.

Spouse's Signature _____ Date _____

Notary Signature if required (see instruction sheet)

Signature of Notary Official _____ Notary Seal/Stamp _____ Date _____