

Aurora National Life Assurance Company
P.O. Box 667, Jacksonville, IL 62651 • (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 _____ Date _____

Joint Owner Signature _____ Date _____

Assignee Signature _____ Date _____

Irrevocable Beneficiary Signature _____ 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 _____