

F&G Annuities & Life

Request Disbursement of Life Insurance

Fidelity & Guaranty Life Insurance Company and Fidelity & Guaranty Life Insurance Company of New York

OWNER / INSURED

TO REQUEST A FULL OR PARTIAL SURRENDER OF YOUR POLICY COMPLETE THE REQUEST FOR DISBURSEMENT FORM.

- Make sure to fill out all relevant sections on both pages of the form as incomplete forms will be sent back. This includes the tax withholding section on page 3.
 - **Signature Instructions:**
 - Attorney-in-Fact** – The attorney-in-fact must sign in capacity as “attorney-in-fact”; provide a copy of the entire Power of Attorney document, if not previously submitted.
 - Corporation, LLC** – Two Officers of the company or managing member of the LLC must sign with title and provide either a corporate or board of director’s resolution, a copy of the Articles of Incorporation or operating agreement for the LLC. Officer 2, sign in Other Required Signature section.
 - Guardian** – The guardian must sign in that capacity and provide a copy of the current guardianship document (e.g. John Doe, guardian).
 - Irrevocable Beneficiary** – The irrevocable beneficiary must sign in the Other Required Signature section.
 - Partnership** – All partners must sign with title, or the general or managing partner must sign with title. Two signatures required. Partner 2 sign in “Other Required Signature” section.
 - Trust** – All trustee(s) must sign with title “trustee” according to the terms of the Trust Agreement.
- If you have questions regarding this form, please call Fidelity & Guaranty Life’s Customer Service.**

RETURN COMPLETED FORM TO:

Fidelity & Guaranty Life
Insurance Company
Service Center,
P.O. Box 81497
Lincoln, NE
68501-1497



Fidelity & Guaranty Life
Insurance Company
Service Center,
777 Research Drive
Lincoln, NE
68521



New York Residents:
Fidelity & Guaranty Life
Insurance Company of
New York Service Center,
P.O. Box 81337
Lincoln, NE
68501-1337



Customer
Service:
888-513-8797



Life Insurance:
800-281-5777



If your address has changed please fill out our Change of Name or Mailing Address form that can be found at www.home.fglife.com. Please reference form ADMIN 5743.

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Policy Number	Owner/Insured Name: First/Middle/Last		
Address			
City		State	Zip
Phone Number	Email Address		

☐ Check if new address (Disbursement will be processed 10 days after address change).

Method of Mailing (select one)

Payment will be mailed to the owner. If jointly owned, a check will be made payable to both owners but will be mailed to the first owner's address.

- If your check is to be mailed overnight select "Overnight Mailing" and fill in the carrier and provide an account number to charge the overnight fee to.

☐ Standard Mailing ☐ Overnight Mailing: Carrier _____ Account Number _____

CHOOSE TYPE OF SURRENDER

(select one)

☐ **Partial Surrender:** Complete Sections 1 and 4 ☐ **Full Surrender:** Complete Sections 2, 3 and 4

SECTION 1: PARTIAL SURRENDER (Complete and proceed to Section 4)

Do not return policy with this request form.

(select one)

- ☐ **Maximum Partial Surrender** (payment will equal the surrender value minus the amount contractually required to keep the policy in force).
- ☐ **Partial Surrender** of \$ _____
- ☐ **Maximum Available** "surrender charge free" partial surrender (if applicable).

(select one)

If left blank, the **GROSS** amount will be processed.

- ☐ I request the **gross** amount of the selection above. (Amount withdrawn will be increased by applicable deductions).
- ☐ I request the net amount of the selection above. (Amount paid will be decreased by applicable deductions).

This Partial Surrender is to be in accordance with and is subject to the provisions of the policy.

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SECTION 2: FULL SURRENDER (Complete and proceed to Section 4)

Please return policy with this request form. If policy is lost, please complete Section 3 of this form. Otherwise, please proceed to Section 4.

- ☐ I hereby request the present cash surrender value of my policy listed above. I understand that surrender charges may be applicable.

Your proceeds will be placed in an Asset Account established in your name. Your money will earn a competitive rate of interest and you will receive a checkbook for the account. The Asset Account is not available in Arkansas, Kansas, Nevada, North Carolina and North Dakota.

- ☐ If you are a Florida resident, please check here to opt out of the Asset Account and to receive a check.

Except for payment of the surrender value less any indebtedness to the Company under this policy, the Company is hereby released from all liability under this policy.

SECTION 3: LOST POLICY CERTIFICATION (When this section is complete, please proceed to Section 4)

- ☐ By checking this box, I hereby represent that the above-referenced policy has been lost, mislaid, or destroyed, as I have been unable to find it after careful search and inquiry. By my signature below, I agree to hold the Company harmless from all loss, expense and liability for which the Company may become liable as a direct or indirect result of accepting this transaction without requiring the return of the policy. If the policy or any interest thereon has at any time been assigned, transferred or pledged to any person, company or corporation, the undersigned hereby attaches a copy of the assignment or states that the date thereof is _____, that the assignment is _____ (absolute or collateral) and that the full particulars are as follows: _____

SECTION 4: NOTICE OF TAX WITHHOLDING ELECTION

(select one)

- ☐ I elect NOT to have federal and, to the extent permissible, state income tax withheld from any payment made.
- ☐ I elect to have federal and state income tax withheld from the taxable portion of any payment made, as indicated below:
- _____% Federal _____% State Your state of residence _____

If neither of the above withholding elections above is chosen, we will withhold 10% of the taxable portion of any payment for federal income taxes. State income tax may also be required to be withheld. Even if you elect not to have income tax withheld from a payment, you are liable for payment of income tax due on the taxable portion of the payment. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. You should consult your tax advisor regarding your situation.

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AUTHORIZATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
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 Internal Revenue Service (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
(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting of interest or dividends on your tax return, you must cross out and initial this item.)
3. I am a U.S. citizen or other U.S. person, and
4. I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States.
(If you are not a U.S. Citizen or other U.S. person for tax purposes, please cross out the last two certifications and complete appropriate IRS documentation.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications listed above.



Owner (Taxpayer) Signature (if corporately owned, include title)	Title (if applicable)	Taxpayer Identification Number (SSN,	Date
Joint Owner (Taxpayer) Signature (if applicable)			Date
Irrevocable Beneficiary Signature (if applicable)			Date
Other Required Signature (if any)			Date