



Assurity® Life Insurance Company
 402-476-6500 | 800-869-0355 | FAX 888-255-2060
Assurity® Life Insurance Company of New York
 844-401-7585 | FAX 888-255-2060
 Admin: Office: P.O. Box 82533, Lincoln, NE 68501-2533

Loan/Withdrawal Request

POLICY INFORMATION

First, Middle, Last
 Insured's Name _____ Policy/Certificate Number(s) _____
 Owner's Home/Cell Phone () / () _____ Owner's Email Address _____

LIFE POLICY/CERTIFICATE

Any dividends and/or paid-up additions cash value is included in the available loan value. If funds are withdrawn, the available loan value would be reduced by that amount. If both the Maximum loan and Dividends/Cash Value of Paid-up Insurance boxes are checked, a withdrawal will be processed first, with any remaining value processed as a loan.

If your policy/certificate is classified as a Modified Endowment Contract, loans and withdrawals may create taxable gain. If you wish to have taxes withheld, please complete the Tax Withholding section. If the loan or withdrawal creates taxable income and the Tax Withholding section is left blank, we will NOT withhold taxes on any reportable gain, provided your Social Security or Tax ID number is on file.

LOANS *(interest charges apply)*

Maximum Specific Amount \$ _____

WITHDRAWALS *(Funds withdrawn from your policy cannot be reapplied.)*

Amount: Maximum Specific Amount \$ _____

From: Premium Deposit Fund Dividends/Cash Value of Paid-up Insurance

UL Partial Surrender

ANNUITIES

Also complete the Tax Withholding section. If the Tax Withholding section is NOT completed, standard Federal and State withholding will apply.

Withdrawal Amount: Maximum Specific Amount \$ _____

TAX WITHHOLDING

Owner's Soc. Security/Tax ID No. _____ *(Note certification above signature line.)*

Tax Withholding: Yes No If Yes, Federal: \$ _____ or _____ % State: \$ _____ or _____ %

DISTRIBUTION METHOD

Check Direct Deposit *(complete Bank Authorization section)* Pay Current Premium on Policy _____

Apply to Loan on Policy _____ Use Dividends to Purchase Paid-up Additions *(May require evidence of insurability.)*

BANK AUTHORIZATION *(must be deposited to Owner's bank account)*

Type of Account: Checking Savings

I (we) hereby authorize Assurity to initiate credit entries to my (our) account indicated below, and I (we) authorize the bank indicated below to accept and to credit the amount of such entries to my (our) account. Such authorization does not allow Assurity to debit entries to my (our) account.

Account Holder	Bank Name
Nine-digit Bank Routing No.	Your Account No.

Please confirm that your routing number and account number are correct.

TO ENSURE CODING ACCURACY, SUBMIT A VOIDED CHECK.

A VOIDED CHECK IS REQUIRED FOR DEPOSITS OF \$10,000 OR MORE.

MISCELLANEOUS

Substitute Form W-9 information (*Request for Taxpayer Identification Number and Certification*): I, the Owner (or each Joint Owner), certify under penalties of perjury that the number shown is my correct Taxpayer Identification Number. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. Person (*including a U.S. resident alien*). The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

Date (MM/DD/YYYY)

Signature of Owner/Account Holder

Signature of Agent (if witnessed)

Signature of Joint Owner

Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, New York. Product availability, features and rates may vary by state.