

## Request for Cash Surrender

Name of Member \_\_\_\_\_ Certificate Number \_\_\_\_\_

**I request to cash surrender the above-numbered certificate. I am aware of applicable surrender charges, possible tax consequences, and the loss of fraternal benefits.**

**Please select one:**

- Pay all cash surrender values directly to me.
- Proceed with the transfer/exchange of my Gleaner certificate to: \_\_\_\_\_

(You must also sign and submit appropriate transfer forms from the Receiving Firm.)

**Please select one:**

- I am returning my certificate to Gleaner Life Insurance Society in consideration for the payment I will receive.
- I certify that the certificate has been lost or destroyed.

**Special Instructions:** \_\_\_\_\_

### NOTICE OF WITHHOLDING ON DISTRIBUTIONS FROM AN ANNUITY, IRA, PENSION, PROFIT SHARING, OTHER DEFERRED COMPENSATION PLANS, AND SURRENDERED LIFE INSURANCE CERTIFICATES

The distributions you receive from Gleaner Life Insurance Society (the "Society") are subject to Federal income tax withholding **unless you are permitted to elect not to have withholding apply**. Withholding will only apply to the portion of your distribution that is included in your income subject to Federal income tax. Thus, for example, there will be no withholding on the return of your own nondeductible contributions to the certificate.

Effective January 1, 1993, periodic distributions from plans that are eligible to be rolled over are subject to mandatory withholding rules. The withholding rate is 20%. The mandatory withholding rules do not apply to IRAs. (IRC § 408)

In circumstances that do not require the Society to withhold taxes, you may elect not to have withholding apply to your distribution payments by checking the box below and signing and dating this document.

**If you do not make an election in an instance where mandatory withholding does apply, Federal income tax will be withheld from the taxable portion of your distribution.**

If you elect not to have withholding apply to your distribution payments, or if you do not have enough Federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

### ELECTION FOR PAYEES ON NON-PERIODIC PAYMENTS WHERE THE MANDATORY WITHHOLDING RULES DO NOT APPLY

**INSTRUCTIONS:** If you do not want any Federal income tax withheld from your distribution, sign and date this election below. The withholding rate for non-periodic payments is 10% of the portion of the distribution included in your Federal taxable income.

Even if you elect not to have Federal income tax withheld, you are liable for payment of Federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated payment rules if your payments of estimated tax and withholding, if any, are not adequate.

#### REQUIRED BY IRS FOR PROPER TAX REPORTING

<b>Please Answer Both</b>	I want to have Federal income tax withheld on the taxable portion of my distribution from my Gleaner certificate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>If yes, _____% Fed. Withholding</b>		
	I am subject to backup withholding under the provisions of section 3406(a)(1)(C) of the Internal Revenue Code.	<input type="checkbox"/>	<input type="checkbox"/>

Certification – Under penalties of perjury, I certify (1) that the number shown below is my correct taxpayer identification number and (2) that I am not subject to backup withholding (as noted above) either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding or (3) that I am subject to backup withholding (as noted above) and (4) I have read the above Notice and Election. **The Society recommends that you seek tax advice from an IRS qualified tax advisor.**

Witness Signature \_\_\_\_\_

Insured/Annuitant Signature \_\_\_\_\_

Social Security Number (REQUIRED) \_\_\_\_\_

Witness Signature \_\_\_\_\_

Owner or Applicant Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

City & State

Date

Month

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

