

# Partial Withdrawal/Full Surrender Request Form



MERIT LIFE INSURANCE CO. | 1900 SOUTH BLVD., SUITE 300 | CHARLOTTE, NC 28203 | 833-637-4854

## 1. Contract Information

Contract Number	
Name of Owner	Social Security Number or Tax I.D.
Name of Joint Owner (if applicable)	Social Security Number or Tax I.D.
Mailing Address of Owner	Telephone Number
Street Address of Owner (Required if mailing address is a P.O. Box)	
Name of Annuitant	Social Security Number

## 2. Distribution Election

I wish to withdraw or surrender from my contract, the amount indicated below. Please check one box.

- One time withdrawal
- Maximum free withdrawal amount without a surrender charge
- Interest Only

For the following two options, please select one of the following:  Gross Amount  Net Amount  
If no selection is made, a "Gross Amount" withdrawal will be processed.

- Specific Dollar Amount of \$ \_\_\_\_\_. The payment must be at least \$250.00.
- Specific Percentage of \_\_\_\_\_% of the accumulated value.
- Full Surrender – the contract must be submitted with this request. If you lost your contract, please check the box 
  - Within the renewal period.
  - On a specific date \_\_\_\_\_.
  - Last day of contract guarantee period.

## 3. Tax Withholding Election

Applicable regulations require the use of Form W-4R, signed by the taxpayer or authorized signer, to choose a federal withholding standing election at a rate other than the default rate of 10%.

- If 10% withholding is not preferred, you may request 0% federal withholding without a Form W-4R by indicating your choice below.

Federal Withholding: Please Check One ( If no election is made, federal income tax will be withheld at 10%.)

- Withhold 10% federal tax. (No attestation is required for 10% default withholding rate)
- Withhold a percentage other than 10%: \_\_\_\_\_%
- Withhold at the rate on the Form W-4R already on file with Knighthead Life (If this box is checked and no Form W-4R is on file for this percentage, Knighthead Life must withhold the 10% default federal tax.)

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## 3. Tax Withholding Election Continued

Notice: Federal law requires withholding a minimum of 10% federal income tax from taxable distributions, unless you elect not to have taxes withheld, or specify a different withholding amount. Withholding will only apply to that portion of your distribution that is includable in your income subject to federal income tax. You may revoke this withholding election at any time by contacting Knighthead Life in writing unless the distribution is from a tax-sheltered annuity or qualified plan that is eligible to be rolled over to an IRA or qualified plan. In these cases, the distribution will be subject to a 20% mandatory withholding therefore you may not elect to waive the federal income tax withheld. Electing not to withhold at this time does not release the liability for payment of federal and, if applicable, state Income tax on the taxable portion of your payment. You may incur tax penalties if you're withholding, and tax payments are not adequate. Knighthead Life does not render tax advice. We suggest that you consult your tax advisor regarding your specific financial situation.

Depending on the type of your withdrawal, some states require a state specific form to opt out of withholding. If you do not provide this state specific form, make an election below or if your state requires a withholding percentage greater than what has been elected below, Knighthead Life will withhold at the rate specified by your state of residence on file until the required state specific form is received by our office. If state withholding is elected and no percentage is specified, we will default to 5% or the mandatory percentage required in your state.

Please check one of the following boxes:

- DO NOT WITHHOLD** state income tax from my payment *(Must meet state requirements)*
- WITHHOLD** the default rate from my payment for state income tax
- WITHHOLD** the following amount or percentage from my payment for state income tax: \_\_\_\_\_ *(Must meet state requirements)*

## 4. Disclosures

Please read carefully:

1. I understand that by requesting a surrender or partial withdrawal of my annuity contract I may incur surrender charges.
2. I understand that requesting a surrender or partial withdrawal of my annuity contract may result in tax consequences.
3. I have no plans to replace this annuity contract with another contract or annuity contract or,
4. I do plan to replace this annuity contract and have made my agent aware so that appropriate replacement forms and other required documentation can be completed.

## 5. Certification of Taxpayer Identification Number

Certification required of U.S. persons only (including U.S. citizens, U.S. resident aliens, or other U.S. persons). Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number,
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
3. I am a U.S. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).

Certification instructions: You must check here: if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

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## 6. Signature

Signature of Owner X	Date (mm/dd/yyyy)
Signature of Joint Owner (if applicable) X	Date (mm/dd/yyyy)

## 7. Electronic Funds Deposit Authorization

### Contract Information

Contract Number	
Name of Annuitant	Social Security Number
Name of Contract Owner (If different from Annuitant)	Social Security Number or Tax I.D.
Street Address of Contract Owner	Telephone Number
Name of Joint Owner (If applicable)	Social Security Number or Tax I.D.

### Bank Account Information

Type of Account: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	
Name of Financial Institution	Full Name on Bank Account
Additional Name(s) on Bank Account	
ABA Routing Number (9 digits)	Bank Account Number ( 4-17 digits)

Please attach voided check for checking accounts to be used for account information verification.

- Check this box for paperless and online accounts and ensure that both the routing number and account number is entered in the spaces above

If you have a paperless/online account, please include a letter from the bank showing the owner(s) name(s) of the account. If the bank's letter list joint owners both must sign this form.

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## Authorization for Electronic Funds Deposit

As the bank account owner, I authorize Knighthead Life to:

- Automatically deposit funds, for all withdrawals from this annuity contract, to the checking or savings account referenced above.
- Withdraw funds which may have been inadvertently deposited to the account referenced above. This includes, but is not limited to, any payments made after the death of the annuitant.

This authorization will remain in effect until written notice of a change of account, or termination, is delivered to Knighthead Life in a timely manner, so as to afford the company an opportunity to act thereon. Such requests should be received no less than 10 business days prior to due date of the next payment. In no event shall a "change" or "termination" request include entries processed prior to receipt of such notice.

Signature of Bank Account Owner X	Date
Signature of Co-Bank Account Owner (If applicable) X	Date

## Acknowledgement of Contract Owner(s) (if not the same as the Bank Account Owner)

By signing where indicated below, I hereby acknowledge my approval for Knighthead Life to withdraw funds from the annuity contract, and request that those funds be deposited into the bank account referenced above.

Signature of Owner X	Date
Signature of Joint Owner (If applicable) X	Date

This form can be submitted via:  
U.S. or Overnight Mail  
Knighthead Life  
1900 South Boulevard, Suite 300  
Charlotte, NC 28203

Fax: 980-431-5237 or Via Email: [customerservice@knightheadinsurance.com](mailto:customerservice@knightheadinsurance.com)

For any questions, please contact our National Operations Center at: (833) 637-4854