



Please return for processing to:
 CLIENT RELATIONS DEPT.
 1440 Kapiolani Boulevard, Suite 1700 • Honolulu, HI 96814-3698
 (800) 432-3306 E-mail: clientrelations@pacificguardian.com

Request for Surrender and Release

Policy Number: _____ Life Contract Annuity

Name of Owner: _____

Name of Insured: _____

The undersigned hereby surrenders said policy and requests cancellation thereof effective _____ (date). Payment of the policy value, if any, is requested, less any indebtedness thereon due the Company, and such payment is hereby acknowledged as full settlement of any and all claims of whatsoever character under said policy.

It is expressly represented and warranted that no other person, firm or corporation has any interest in said policy except the undersigned and that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned.

The undersigned agrees, in consideration of compliance with this request for surrender or cancellation, to indemnify and hold harmless the Company, its officers, directors, employees and agents, and their successors and assigns, from and against any liability, loss, damage and expense in connection with, or arising out of, their reliance on the information provided herein and compliance with this request, and further agrees to furnish the Company, at the undersigned's sole expense, a bond of indemnity, in such form and amount as the Company may require in case this indemnity should not at any time afford the Company sufficient protection, in its sole opinion.

Proceeds are to be Paid in cash Applied to Policy Number _____

Send check to Policyowner Agent

Address (if other than policyowner or if change of address has occurred):

Name: _____

Street Address: _____

City, State, Zip: _____

Statement in Lieu of the Original Policy

The policy must accompany this form when requesting cash surrender of the policy. This statement is offered in lieu of the original policy for surrender or cancellation.

_____ I have made or caused to be made a diligent search for the original policy and have been unable to find or recover the same. I agree that, should I find the policy, I will return the policy to the Company. I hereby certify that this policy has not been assigned, pledged, transferred, loaned, given away, orally or in writing, or delivered to any person or persons whomsoever as security or otherwise, except:
 (Please initial) _____

Federal Tax Information Section - Please complete form W-9 Request for Taxpayer or Identification Number Certification

The IRS requires the taxable portion of non-periodic distributions to be subject to Federal Income Tax withholding of ten percent (10%), unless you elect not to have withholding apply. Withholding will only apply to the portion of your distribution that is subject to Federal Income Tax.

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

Failure to provide us with your Social Security Number or taxpayer identification number may subject you to a \$100 penalty imposed by the Internal Revenue Service and may require us to withhold taxable gain at a twenty-eight percent (28%) rate.

- I do NOT want to have Federal Income Tax withheld from my proceeds.
- I want to have Federal Income Tax withheld from my proceeds.
- Completed W-9 is attached.

 Owner's Signature

Continued on Reverse Side

Policyowner should read entire agreement before signing. A separate agreement must be completed for each policy.

IMPORTANT INSTRUCTIONS:

1. The form must be dated, and the signature of the owner must be written exactly as the name is given on the policy. All signatures must be witnessed and in ink.
2. If the policyowner(s) lives in a community property state and is married, because of the Community Property Laws of these states, this request must also be signed by the spouse. This signature should be on line "A." If your spouse is deceased, please show this information on line "A."
3. If the policy is owned by a third party, the owner must sign this application on the line provided.
4. Specific instructions for minors, partnerships, corporations, and other circumstances will be furnished by the Home Office upon request. Corporate Seal, Board/Partnership Resolution, or Certification of Corporate Records or Partnership Records is required.

Date at (City, State): _____ Current date: _____

_____ Witness' Signature	_____ Owner's Signature
(A) _____ Spouse/Joint Insured's Signature	_____ Assignee's Signature
_____ Corporate Seal	_____ Assignee's Name and Title

IMPORTANT

Survey

I am terminating my Pacific Guardian Life policy, because (please check all that apply):

I have a specific need for the cash value for: Investment purposes Other (please explain): _____

I can no longer afford the coverage.

I no longer need the coverage.

I have recently replaced or will be relacing my policy with coverage I feel is better suited to my needs:

Company _____

Agent _____

I received unacceptable service from the Home Office (please explain): _____

I received unacceptable service from the Agent (please explain): _____