

Vantis Life Insurance Company

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Termination Request Form

◆ General Information

Name of Owner _____ Name of Annuitant/Insured _____

Vantis Life Policy/Contract Number _____ Phone # _____

Total Surrender – by completing this form I acknowledge I am terminating this policy/contract in full.

Your check will be reduced by and Federal and/or State Income Tax withholding elected. Surrender charges may apply.

Reason for Termination _____

◆ Withholding Election

YOU MUST COMPLETE THIS SECTION. DUE TO TAX REGULATIONS, WE MAY BE REQUIRED TO WITHHOLD TAXES EVEN IF YOU HAVE ELECTED OTHERWISE.

Federal Withholding Election (Choose One):

I elect not to have Federal Income Tax withheld.

I elect Federal withholding from this nonperiodic distribution at the rate of _____% (min. 10%) or amount of \$_____.

State Withholding Election: (Choose One): Resident State _____ State specific forms may be required.

If you reside in CT, mandatory 6.99% will be withheld from the taxable amount.

If you reside in IA, MA, ME, NE, OK, or VT - State Income Tax Withholding is required if Federal Tax is withheld. If you reside in NC or OR - you must make an election or elect out of State Income Tax Withholding.

I elect not to have State Income Tax withheld.

I elect State withholding from this nonperiodic distribution at the rate of _____% or amount of \$_____.

◆ Distribution Instructions

Mail Check to the Address on File

Direct Deposit

Financial Institution Name _____

Financial Institution Address _____

Transit Routing Number |: _____|: Please contact your financial institution for correct information.

Account Number _____

Type of Account: Checking Statement Savings

◆ Type of Distribution

- | | | |
|--|---|---|
| <input type="checkbox"/> Premature Distribution
(Contract Owner has not reached age 59½ - Annuity Only) | <input type="checkbox"/> Normal Distribution
(Contract Owner is at least 59½ - Annuity Only) | <input type="checkbox"/> Disability
(As defined by IRC Section 72(m)(7)) |
| <input type="checkbox"/> Guaranteed Principal Rider | <input type="checkbox"/> Terminal Illness Rider
(If eligible, verification required) | <input type="checkbox"/> Nursing Care Facility Waiver
(If eligible, verification required) |
| <input type="checkbox"/> Excess IRA Contributions Plus Earnings
(Tax Year _____) | | |

◆ Disclosures and Signatures

NOTE: For purpose of this disbursement request, the value of the contract will be determined on the day the transaction is processed. If all required information is not provided, this disbursement request will be returned to you for completion.

Any person who knowingly and with intent to defraud any insurer or other person files a statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I certify that I am the proper party to receive payment(s) from this policy/contract and that all information provided by me is true and accurate. Vantis Life is required to report all disbursements to the Internal Revenue Service. I have also been advised to consult with a tax professional regarding any possible tax consequences resulting from this transaction. I further certify that no tax advice has been given to me by the issuer.

All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the issuer shall in no way be held responsible. If I elected Direct Deposit of my distribution, I authorize Vantis Life to initiate credit entries, and if necessary, adjustments for any credit entries made in error to my account as indicated above. The privilege of receiving deposits under this plan may be revoked by the Company if any deposit cannot be made into the specified account. I understand that Vantis Life is relying on the information that I have provided on this form, and I further understand that Vantis Life will not be liable for any losses or charges due to incorrect, outdated, or incomplete information that has been provided on this form.

TAX IDENTIFICATION CERTIFICATION (Required for Processing)

I have reviewed the completed information and it correctly reflects my intended change. I also certify that, under penalty of perjury, the Social Security Number shown below is my correct number. Any change indicated above will become effective on the date this form is signed, provided this form has been properly executed upon receipt. Social Security Number _____

Legal Signature of Current Owner _____	Date _____	*Signature of Authorized Individual _____	Date _____
Agency	Branch #	Producer #	As* <input type="checkbox"/> New Owner <input type="checkbox"/> Assignee <input type="checkbox"/> Irrevocable Beneficiary <input type="checkbox"/> Power of Attorney** <input type="checkbox"/> Conservator** ** Certified copy of Appointment required

Important:

If you are not submitting this form electronically through our website your signature must be notarized or submit a copy of a photo ID.

Affix Notary Seal or Stamp

State of _____
 County/City of _____
 On this _____ day of _____, 20_____,
 before me, personally appeared _____,
 known to me or satisfactorily proved to me to be the person who signed this document and
 acknowledged that he/she executed the document.
 Notary Public: _____ My commission expires: _____