

**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 # \_\_\_\_\_

Please keep in mind that terminating coverage is an irrevocable financial decision. Before you proceed, please be aware that there are other options that may be more beneficial.

*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 - For Annuity Contracts Only**

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

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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

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: \_\_\_\_\_