



**RBC
Insurance**

**APPLICATION FOR FULL/PARTIAL SURRENDER
OR LOST POLICY CERTIFICATE**

☐ **Liberty Life Insurance Company** ☐ **Pan-American Service Center**
MAILING ADDRESS: PO Box 789 Greenville, SC 29602-0789

Tel: 800.551.8354
Email Address: AgencyCS@rbc.com

Name of Insured _____ Policy No. _____
Soc. Sec. No. _____ - -
Name of Owner/
Nominator Payor _____ Soc. Sec. No. _____ - -
Agency Office No. _____ Agency Account No. _____ Group No. _____
Address of Owner/
Nominator/Payor _____
NUMBER STREET CITY STATE ZIP CODE
Telephone No. () - _____

☐ **1. REQUEST FOR FULL CASH SURRENDER VALUE***

I/We hereby make application for the present cash surrender value of this policy; and in consideration of the payment thereof less any fee for this action charged by the Company, I hereby surrender all rights and interest under said policy and do hereby release and forever discharge Liberty Life Insurance Company from all liability of every kind of nature thereunder. **(NOTE: Policy or policy schedule page should be submitted).**

☐ **2. REQUEST FOR PARTIAL CASH SURRENDER VALUE* (Applicable to Universal Life Policies Only)**

I (We) hereby request a partial cash surrender value of this policy in the amount of:

- ☐ A. \$ _____ net check, or full amount available, if less.
☐ B. The maximum amount if available.

☐ **3. WITHHOLDING ELECTION (This section must be completed when requesting numbers 1 or 2 above).**

If the distribution you are receiving as a result of this transaction results in taxable income to you, we are required to withhold Federal Income Tax unless you elect not to have withholding apply. You may elect whether to have withholding apply to your distribution by so indicating below. ***If you do not complete this section at all, we will be required to withhold 10 percent of any taxable proceeds just as if you had instructed us to do so below.*** 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, if applicable. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

- ☐ I **do not** want to have Federal Income Tax withheld from my distribution, *if applicable*.
☐ I **do** want to have Federal Income Tax withheld from my distribution, *if applicable*.



****This action may have adverse tax consequences, including a 10% penalty, if your policy is a Modified Endowment Contract. Please consult your own tax advisor.***

☐ **4. APPLICATION FOR LOST POLICY CERTIFICATE**

I(We hereby declare that this policy has been lost or destroyed and that it has not been assigned, pledged or otherwise disposed of. I (We) release Liberty life Insurance Company from all liability under the original policy and agree to return the certificate to the Company if the original policy is found.

I/We understand that under current tax law, the policy changes requested and/or subsequent policy changes may cause the policy to be a Modified Endowment Contract, which could include taxation of any loans, withdrawals, or surrenders in excess of the amount of premiums paid into the policy.

Owner/Payor/Nominator _____ Date _____

Witness _____

Assignee/Irrevocable Beneficiary _____ Date _____

Witness _____