

National Security Life and Annuity Company Administrative Office: P.O. Box 5378 Cincinnati, Ohio 45201-5378 Telephone: 877.446.6020 Fax: 513.794.4730

	tract Statement	
Contract Number	Annuitant	Owner
This section is to be used when s transfer paperwork.	surrendering a contract and mu	ust accompany the V-4619.3 form or appropriate
1. Surrender the contract w The undersigned has caused due sea hereby agree that if the contract sh	arch and diligent inquiry to be made	e and cannot find the above-referenced contract and does
indemnify the Company from any a made liable in consequence of the r	and all claims, suits, damages, cos making settlement of the proceeds	rself, his/her heirs, executors, administrators and assigns to ts or expenses to which it may be subjected or in any way payable under such contract or in consequence of the
Company's compliance with the pro	ovisions of the original without its	delivery to the Company.
*Owner Signature	ovisions of the original without its	delivery to the Company.
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2. Issue a duplicate contract.

The undersigned has caused due search and diligent inquiry to be made and cannot find the above-referenced contract and does hereby agree that if the contract shall be found hereafter, it will be returned to the Company. If a duplicate contract has been issued, these will be returned at the same time for cancellation, and the necessary endorsements transferred to the original contract.

The undersigned agrees jointly and severally on behalf of himself/herself, his/her heirs, executors, administrators and assigns to indemnify the Company from any and all claims, suits, damages, costs or expenses to which it may be subjected or in any way made liable in consequence of the issuance of the duplicate contract or in consequence of the Company's compliance with the provisions of the original without its delivery to the Company.

*Owner Signature

Date

*Joint Owner Signature (if applicable)

Date

****Certification:** I hereby certify that I, the above-signed, am the owner of this annuity contract or, if the contract is trust, custodial, corporate or partnership owned, that I am an authorized signatory thereof and that this request is being submitted in my capacity as an authorize signatory of the trust, custodial account, corporation, or partnership. The above-signed hereby agrees, for ourselves, and, if any, our subsidiaries, agents, employees and directors at all times to indemnify and hold harmless AuguStarSM Life Insurance Company, each of its subsidiaries, agents, employees and directors against any and all claims, liabilities, damages, demands, actions, controversies, charges, expenses and losses sustained or incurred by AuguStar's actions in making the change requested above and release the same from any liability arising from the execution of this transaction.