



Administrative Office:
P.O. Box 5363
Cincinnati, Ohio 45201-5363
877.446.6020
nslac.com

Reset Button

Individual Annuity Contract Change Request – Full Surrender

Please Print

Contract Number	Annuitant	Owner
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Please complete all sections.

Section 1 – Full Surrender

I understand that, by signing this form, I am requesting my annuity contract to be surrendered in full. The original contract is attached or, if not attached, I attest that I have done a diligent search and cannot find the contract. I agree that if the contract shall be found at a later date, it will be returned to the Company. I also agree, jointly and severally on behalf of my heirs, successors, and assignees, to indemnify the Company from any and all claims, suits, costs, or expenses to which it may be subjected or in any way made liable in consequence of the Company's compliance with the provisions of the original contract without its delivery to the Company.

Please be aware that the surrender in full of this contract may be subject to a surrender (contingent deferred sales) charge. In addition to any applicable surrender charge, there may also be additional rider or contract fees deducted from the distribution. Please refer to your contract or rider for specific charges associated with the termination of your contract.

Section 2 –Taxation

Federal Taxation: If you do not select an option below, we are required to withhold at least 10% of the taxable amount.

- I DO NOT want to have federal income tax withheld from my withdrawal.
- I DO want to have _____% federal income tax withheld from my withdrawal (must be less than 100%).

State Taxation: We will withhold state income tax on the taxable amount if: (1) you specifically request that we do so on this form and we are able to do so for your state; or (2) we are required to do so under state law. If you have questions regarding mandatory state withholding, please contact our Annuity Product Specialists at 877.446.6020.

- I DO NOT want to have state income tax withheld from my withdrawal.
- I DO want to have _____% state income tax withheld from my withdrawal.

Other federal or state withholding rules may apply to your withdrawal.

I understand that I am liable for payment of federal and state income tax on any taxable portion of the requested payment and could be subject to tax penalties under the estimated tax payment rules if payments are not adequate.

Section 3 – Method of Disbursement (Please check one)

- Check** (Unless otherwise indicated, all checks will be sent via regular U.S. mail).
- Wire Transfer** (There is a \$25 fee to wire funds and your financial institution may also charge a fee for incoming wire transfers.)
- Electronic Funds Transfer (EFT)** - Please complete the below agreement. A voided check or a copy of a voided check must be attached in order for us to process the withdrawal. There may be maximum distribution limits for EFT; please contact Annuity Product Specialists at 877.446.6020 for more information. EFT may not be an option for custodial-owned contracts.

Please note: If the surrender request is post-annuitization, the disbursement must be made via check or EFT. (Wire is not an option.)

Please note: The surrender request will be processed the day it is received in good order at the price next computed. The proceeds will be distributed within seven days.

PLEASE COMPLETE ALL PAGES OF THIS FORM AND SIGN.

Mail to: (please note: if not completed, the check will be sent to the address of record)

Please note: Checks must be made payable for the benefit of the contract owner(s).

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 4 – Electronic Funds Transfer (EFT) Agreement for Direct Deposit

Type of account: Checking (please attach a voided check) Savings (please attach a voided pre-encoded deposit slip)

Name of the Financial Institution:	Account Number:
ABA/Transit Routing Number:	Name(s) as it appears on the account:*
Address of the Financial Institution:	Telephone Number of Financial Institution:

For credit to my/our account all funds payable by National Security Life and Annuity Company (hereafter referred to as National Security) represent payment from my/our contract referenced above.

I/We authorize the Financial Institution named above to reimburse National Security, from this or any other account I/we may hold in such institution, for any payment received by the Financial Institution to which I/we was/were not entitled due to death prior to the due date of the payment.

I/We understand that National Security is relying on the information that I/we provided on this form, and further understand that National Security will not be liable for any losses or charges due to incorrect, outdated, or incomplete information that has been provided on this form.

Beginning in 2015, an individual may not make more than one non-taxable 60-day rollover from one IRA to another within each twelve month period. This limit applies to all types of IRAs including SEP, SIMPLE and Roth IRAs. By signing this form and instructing National Security to distribute funds as a non-taxable rollover, you are representing that you have not received a distribution from any other IRA in the preceding one-year period that was rolled over into an IRA.

The undersigned hereby consents to the provisions contained herein:

Section 5 – Signature(s)

Signature of Owner**

Date

Signature of Joint Owner**

Date

Social Security Number of Contract Owner***

Daytime Phone Number

Certification:

The maximum interest rate allowed under the Amortization and Annuitization methods is 120 percent of the federal mid-term rate for the two months prior to the date of your first payment. National Security will automatically use the highest rate available at the time your request is processed.

* Payment must be made to the contract owner(s). Ohio National is unable to pay or direct deposit to a third-party account.

** 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 authorized 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 The National Security Life and Annuity 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 National Security Life and Annuity Company's actions in making the change requested above and release the same from any liability arising from the execution of this transaction.

*** Under the penalties of perjury, I certify that the information provided on this form is true, correct, and complete. I have not been notified by the Internal Revenue Service that I am subject to withholding for under-reporting under Section 3406(a)(1)(c). I am a U.S. citizen or a U.S. resident alien.

**** If you choose the RMD (Life Expectancy) method, you must provide National Security with the amount you wish to withdraw each year. National Security can only distribute this amount on an annual basis and it is your responsibility to provide us with the amount each year. To help determine this amount, you can find your contract value as of December 31 on your year-end statement.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.