

WITHDRAWAL/SURRENDER REQUEST



Mail, Email or Fax completed form to:
Pacific Guardian Life Insurance Company
1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814
Fax Number: (808) 942-1235 • Email: MYGA@pacificguardian.com

Contact us:
Policyholder Service: (800) 367-5354
ClientRelations@pacificguardian.com

Annuity Contract Number: _____ **Owner:** _____

SSN/TIN Number: _____

Single Married Widowed Divorced - Please specify: Date _____ State _____

In accordance with the terms of the Annuity Contract, I hereby elect to withdraw: (check **ONE OR MORE** of the following.)

WITHDRAWAL

Withdrawal equal to 10% of my ACCUMULATED VALUE (less any withdrawals taken year-to-date).
This option will be the maximum amount that can be surrendered without penalty.

Withdrawal equal to _____ % or \$ _____ of my ACCUMULATED VALUE.
This option may incur a surrender charge. Please refer to your Annuity Contract.

The minimum withdrawal amount is \$500.

EXERCISE ONE TIME WITHDRAWAL UNDER "LIFE EVENTS" RIDER

Withdrawal equal to 10% of my ACCUMULATED VALUE.
This option is available without surrender charges, but may be exercised only once in the life of the contract.

SURRENDER

Withdrawal equal to \$ _____ of my ACCUMULATED VALUE after applicable surrender charges and any tax withheld.

Full surrender of this contract. This represents cancellation of the contract, and payment in full for all amounts due.

Minimum remaining account value after withdrawal must be at least \$1,000.

A selection of any of the above options is considered a **Withdrawal or Full Surrender** of the Accumulated Value and you waive all benefits under the Annuity Contract applicable to the amount withdrawn.

DIRECT DEPOSIT

To provide faster access to your money, Pacific Guardian Life can deposit your funds directly in your bank account using Electronic Funds Transfer (EFT). EFT may be available for all policies. Please provide the following instruction:

Check here if you prefer to receive payment by check to your mailing address. If so, please move on to the next section.

Account Name (as it appears on the account)	Bank Name
Routing Number (bottom left of check)	Account Number (bottom center of check)

Type of account:

- Checking - Please attach a voided check for the listed account.
- Savings

To expedite your request, your first payment may be sent to you via check. If EFT is not available for your account, we will continue to pay you by check.

Please note: For your security, we may verify requests for withdrawals greater than \$2,500. We will not allow address changes at time of withdrawal.

TAX WITHHOLDING

The IRS requires that Pacific Guardian Life withhold 10% Federal Income Tax from your payment unless you advise us otherwise. If you **do not** want us to withhold 10% of your payment, please select one of the options below:

- Do not withhold Federal or State income taxes from my payment
- Withhold _____% Federal income tax from my payment
- Withhold _____% State income tax from my payment

Please consult a tax advisor for more information on withholding requirements for your state.

Note: Whether or not taxes are withheld, you will be liable for payment of all applicable federal and state income taxes and the taxable portion of this distribution. You may also be subject to penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

CERTIFICATION OF TAXPAYER IDENTIFICATION

Under penalty of perjury, I certify that:

1. My Social Security Number or taxpayer identification number shown on this form is correct;
2. I am not subject to backup withholding due to failure to report interest or dividend income;
3. I am a U.S. citizen or other U.S. person (as defined in the Internal Revenue Code); and
4. I am not subject to Foreign Account Tax Compliance Act (FATCA) reporting because I am a U.S. person and the account is located within the United States.

Certification Instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. If you are not a U.S. citizen or other U.S. person for tax purposes, please cross out certifications 3 and 4 and complete and return to Pacific Guardian Life the appropriate IRS documentation.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholdings.

Owner(s) and/or Assignee(s) Signature(s) (required)	Title (if corporation or trust)	Date (mm/dd/yyyy)
All Irrevocable Beneficiaries	Name and Title	Date (mm/dd/yyyy)
Other Required Signatures (if any)	Name and Title	Date (mm/dd/yyyy)

MARITAL STATUS and CONSENT OF SPOUSE

Owner Marital Status (Select One)

- Single Married Widowed Divorced

Consent of spouse must be signed if the following conditions are present:

Community property state: You live in a community property state or jurisdiction (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin, Guam, and Puerto Rico) and your spouse is living.

Name of Spouse (First, Middle, Last)

Signature of Spouse

Date (mm/dd/yyyy)

ADDITIONAL INFORMATION