

Before completing this form, please know:

- Use this form to close an existing PDF account attached to a policy.
- Withdrawals \$2,500 and greater will require a notarized signature if not submitted to and signed by your servicing agent. Submissions directly made to a PGL office in person with proof of identification will not require notary.

**Section 1: Policy Information**

Policy number		
Insured - First name	Middle name	Last name

**Section 2: Ownership Information**

**Individual** (or individuals, if the policy is co-owned)

Owner - First name	Middle name	Last name
Social Security number	Phone number	Email address
Co-Owner - First name	Middle name	Last name
Social Security number	Phone number	Email address

**Trust, Charity, or Business Entity:**

Print full name of Trust/Charity/Business entity

---

Date of Trust (mm/dd/yyyy)	Tax ID number of Trust/Charity/Business	
Contact person - First name	Middle name	Last name
Phone number	Email address	

**Section 3: PDF Account Closing**

Full Account Closure

Partial Withdrawal  
Withdrawal amount \$ \_\_\_\_\_

**Payment Options:** Please select one of the following methods of payment:

- Send check to policy owner at address on record. \*Complete alternate address section on next page if to a different address.
- Direct Deposit (complete Bank Authorization form if you do not have an existing bank account on file).
- Pay by wire transfer (complete Wire Transfer Authorization form)\*.

\* A transfer fee (\$20 domestic/\$21 international) will be charged against your withdrawal proceeds.

Apply proceeds to pay premiums to a different policy (complete section below)\*\*:

Policy number(s)	\$
	\$

\*\*Any excess value remaining will be paid by check.

**Alternate Address for Check Mailing**

Street Address	City, State	Zip Code
----------------	-------------	----------

Check this box if this is a new address to be updated.

---

**Section 5: Certification and Signatures**

**Social Security or Taxpayer Identification Number of Owner**

Under penalty of perjury, I, certify that:

1. The number shown in this document is my correct social security or taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because:
  - a. I am exempt from backup withholding, or
  - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
  - c. The IRS has notified me that I am no longer subject to back up withholding; and
3. I am a U.S. Citizen or other U.S. person (defined below); and
4. I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States.; and
5. I have the right to make this request without the authorization, approval or permission of any court, person, firm or corporation.

If you are not a U.S. citizen or non-U.S residing U.S. resident alien, you must submit the applicable IRS Form W-8 with this form to certify your foreign status and, if applicable, claim treaty benefits. If you are not a U.S. person, your signature below only applies to the provisions of this document other than the provisions contained in this Owner Tax certification section.

Form W-9 and Form W-8 and their instructions are available upon request or on [irs.gov](http://irs.gov).

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

I declare under penalty of perjury under the laws of the State/Territory of \_\_\_\_\_ and the laws of the United States of America that the foregoing is true and correct. State

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_.  
Day Month Year City State

<b>Signature of Owner</b> X		Date (mm/dd/yyyy)
Title (if acting in a representative capacity)		
Print - First name	Middle name	Last name
<b>Signature of Co-Owner</b> X		Date (mm/dd/yyyy)
Title (if acting in a representative capacity)		
Print - First name	Middle name	Last name

**\*\*For signature requirements – see page 4**

_____	_____	_____	_____
Servicing Agent's Signature	Print Agent Name	Agent Code	Date (mm/dd/yyyy)

**Notarization:**

This form must be notarized for withdrawals of \$2,500 and greater if not submitted to and signed by your servicing agent. Submissions directly made to a PGL office in person with proof of identification will not require notary.

State of: \_\_\_\_\_

County of: \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me,  
Month, Date Year Name of Principal

- who is personally known to me
- whose identity I proved on the basis of \_\_\_\_\_
- whose identity I proved on the oath/affirmation of \_\_\_\_\_, a credible witness

To be the signer of the above document, and he/she acknowledged that he/she signed it.

<b>Signature of Notary</b>	Date (mm/dd/yyyy)
_____	_____

This notarization must include the Notary's official seal to be accepted as complete. The seal must be affixed by inked stamp imprint (preferred), or photocopyable emboss. Electronic notarizations will not be accepted.

**Notary Seal:**

Owner type	Signature requirement
Individual acting on behalf of the Owner	The full name of the Owner's fiduciary or Agent and the legal documentation of the authority to act (e.g. <i>power of attorney, guardianship papers, etc.</i> ).
Trust	Signatures, followed by the word "Trustee," of all required Trustees.
Partnership	The full name of the firm should be printed with the signature of all general partners (not limited partners). Partnership Resolution or Partnership Records is required.
Sole Proprietorship	The full name of the business should be printed with the signature of the Owner followed by the word "Owner".
Corporation/Charity	The signature and title of one officer (other than the insured). Most common authorized officers include: CFO, President, Vice President, Treasurer, Corporate Secretary, Principal (LLC), Managing Member (LLC), or Loan Officer (on behalf of collateral assignee). Corporate Seal, Board Resolution or Certification of Corporate Records is required.

---

**How to submit this form**

<p><b>Mail:</b>  Pacific Guardian Life  Attn: Client Relations Department  1440 Kapiolani Blvd., Suite 1700  Honolulu, HI 96814</p>	<p><b>Email:</b>  <a href="mailto:clientrelations@pacificguardian.com">clientrelations@pacificguardian.com</a></p> <p><b>Fax:</b>  808.942.1253 (Oahu)  800.946.1295 (Neighbor Islands/Mainland/U.S. Island Territories)</p>
---	--

**Pacific Guardian Life is here to help**

You can reach us at 1.800.432.3306. Monday – Friday 8:00 a.m. to 5:00 p.m., Hawaii Standard time.