



Request Disbursement of Life Insurance

INSURER: **Fidelity & Guaranty Life Insurance Company**
Fidelity & Guaranty Life Insurance Company of New York
Overnight: 777 Research Drive, Lincoln, NE 68521
Standard: P.O. Box 81497, Lincoln, NE 68501-1497
Phone: 888.513.8797 Fax: 800.281.5777

INSTRUCTIONS

COMPLETE AND RETURN PAGES 3-6 TO REQUEST A FULL OR PARTIAL SURRENDER OF YOUR POLICY.

FULL SURRENDER – terminates your Life Insurance coverage for a payout of the policy’s Net Surrender Value (after deduction of penalty charges and/or outstanding loan amounts).

PARTIAL SURRENDER – surrenders part of the policy’s Account Value. Partial Surrenders may only be processed after the First Policy Year, with a minimum request of \$500.00. This Partial Surrender is to be in accordance with and is subject to the provisions of the policy.

Required Sections to Complete:

- Owner/Insured
- Type of Surrender
- Section 1 (for **Partial Surrenders ONLY**)
- Section 2 (for **Full Surrenders ONLY**)
- Section 3 (for **Full Surrenders ONLY**)
- Section 4
- Signature(s)
 - MUST include Tax Identification Number(s), Date Signed, and Titles (if applicable)
 - Date Signed must be within 60 days of receipt

Include Supporting Documentation (if applicable)

- Trust
- Power of Attorney & Affidavit of Power of Attorney
- Conservator / Guardianship Paperwork
- Name / Signature Proof
- IRS Form W-9
- Owner Corporate Legal Document
- Estate Paperwork

Signature Requirements:

E-Signatures – E-Signatures are **NOT** acceptable on the Request for Disbursement of Life Insurance form. Physical “wet” signatures are required.

Signature Requirements For Policies NOT Individually or Jointly Owned:

Attorney-in-Fact – The attorney-in-fact must sign in capacity as “attorney-in-fact”; provide a copy of the entire Power of Attorney document, if not previously submitted.

Corporation, LLC – Two Officers of the company or managing member of the LLC must sign with title and provide either a corporate or board of director’s resolution, a copy of the Articles of Incorporation or operating agreement for the LLC. Officer 2, sign in “Other Required Signature” section.

Guardian – The guardian must sign in that capacity and provide a copy of the current guardianship document (e.g. John Doe, guardian).

Irrevocable Beneficiary – The irrevocable beneficiary must sign in the “Other Required Signature” section.

Partnership – All partners must sign with title, or the general or managing partner must sign with title. Two signatures required. Partner 2 sign in “Other Required Signature” section.

Trust – All trustee(s) must sign with title “trustee” according to the terms of the Trust Agreement.

NOTE: Surrenders (Full or Partial) CANNOT be processed on Term policies. Partial Surrenders CANNOT be processed on Whole Life policies.



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DISBURSEMENT PROCESSING INFORMATION

Address:

If the address entered on this form is different than the address of record, this will be entered as an address change to your record. Policy address of record will be updated to match a new address provided in the OWNER/INSURED section below. The Surrender of your policy will be processed 10 business days after address change.

Mailing and Addressee:

Payment will be mailed to the owner. If jointly owned, a check will be made payable to both owners but will be mailed to the first owner's address.

Returning Policy:

Return the policy if requesting a Full Surrender ONLY. If requesting a Full Surrender and policy cannot be found, be sure to complete Section 3.

RETURN COMPLETED FORM TO:

 U.S. Mail	Fidelity & Guaranty Life Insurance Company Service Center P.O. Box 81497 Lincoln, NE 68501-1497
 Overnight	Fidelity & Guaranty Life Insurance Company Service Center 777 Research Drive Lincoln, NE 68521
 U.S. Mail	New York Residents: Fidelity & Guaranty Life Insurance Company of New York Service Center P.O. Box 81337 Lincoln, NE 68501-1337
 Web	https://mypolicy.fglife.com/#/login
 Fax	Life Insurance: 800.281.5777

HAVE QUESTIONS?

Customer Service: 888.513.8797



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OWNER/INSURED

Policy Number		Owner / Insured Taxpayer Identification Number (SSN, TIN, ITIN)		
Owner / Insured Name: First / Middle / Last				
Street Address			Email Address	
City	State	ZIP Code	Phone Number	

MAILING METHOD (Select One)

If your check is to be mailed overnight select "Overnight Mailing" and fill in the carrier and provide an account number to charge the overnight fee to.

Standard Mailing Overnight Mailing: Carrier _____ Account Number _____

CHOOSE TYPE OF SURRENDER (Select One)

Partial Surrender: Complete Sections 1 and 4 **Full Surrender:** Complete Sections 2, 3 and 4

SECTION 1: PARTIAL SURRENDER (Complete and proceed to Section 4)

Do not return policy with this request form.

Requested Surrender Amount (select one)

- Maximum Partial Surrender** (payment will equal the surrender value minus the amount contractually required to keep the policy in force).
- Partial Surrender** of \$ _____
- Maximum Available** "surrender charge free" partial surrender (if applicable).

Surrender Deductions (select one)

If left blank, the **GROSS** amount will be processed.

- I request the **GROSS** amount to be paid.
Applicable deductions will be taken from the surrender amount requested.
- I request the **NET** amount to be paid.
Applicable deductions will be taken from the remaining policy value to pay the entire surrender amount requested.



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SECTION 2: FULL SURRENDER (Complete and proceed to Section 3 or 4, see below)

Please return policy with this request form. If policy is lost, please complete Section 3 of this form. Otherwise, please proceed to Section 4.

- I hereby request the present cash surrender value of my policy listed above. I understand that surrender charges may be applicable. I further understand final payment by check will be mailed.
- Florida Residents Only**, choose the payment method of your entire disbursement (Select Only 1):
- Check Payment** **Retained Asset Account**

By selecting a Retained Asset Account, your proceeds will be placed in an Asset Account established in your name. Your money will earn a competitive rate of interest and you will receive a checkbook for the account.

Except for payment of the surrender value less any indebtedness to the Company under this policy, the Company is hereby released from all liability under this policy.

SECTION 3: LOST POLICY CERTIFICATION (When this section is complete, please proceed to Section 4)

- By checking this box, I hereby represent that the above-referenced policy has been lost, mislaid, or destroyed, as I have been unable to find it after careful search and inquiry. By my signature below, I agree to hold the Company harmless from all loss, expense and liability for which the Company may become liable as a direct or indirect result of accepting this transaction without requiring the return of the policy. If the policy or any interest thereon has at any time been assigned, transferred or pledged to any person, company or corporation, the undersigned hereby attaches a copy of the assignment or states that the date thereof is _____, that the assignment is _____ (absolute or collateral) and that the full particulars are as follows: _____

SECTION 4: TAX WITHHOLDING (MUST BE COMPLETED)

The taxable portion of payments you receive from the Company may be subject to federal and/or state tax withholding, unless you elect not to have tax withheld and are eligible to do so. A distribution taken before age 59 ½ may be subject to a 10% federal tax penalty in the case of a qualified contract. Eligible rollover distributions (e.g., a distribution from a tax deferred annuity) are subject to a mandatory 20% federal withholding.

Federal Tax Withholding. If you are a US person residing in the US, then based on the Certification information below, you may elect not to have federal tax withheld from the payment. **If you fail to make a valid, timely election, we will withhold at the default rate of 10% (20% in the case of an eligible rollover distribution).** To make this election, or to request a different withholding amount, you must complete the attached IRS Form W-4R and return it to us before the payment is made to which the Form is intended to apply.

Your withholding choice will generally apply to any future payment from the same contract. Submit a new **IRS Form W-4R** if you want to change your choice.

If you are not a US person, or a US person residing outside the US, we will withhold as required by law. In the case of a non-US person, we will withhold federal tax at the rate of 30%, unless you provide us with the appropriate IRS Form W-8 (e.g., Form W-8BEN or Form W-8BEN-E) demonstrating your entitlement to a different or zero withholding rate.



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State Tax Withholding. If you reside in the US, your state of residence may require or permit us to withhold state or local taxes. To the extent permissible by your residence state, you request that no state withholding apply or request a specific amount or percentage of withholding. Please indicate your choice:

Do not withhold any state taxes (to the extent permissible). Applicable State: _____

Withhold state taxes at the following rate or amount: _____% or \$_____ (to the extent permissible and subject to any minimums). Applicable State: _____

Note: Some states may require you to use specific state forms. If you do not use the proper form or otherwise fail to properly communicate your withholding choice to us, we may have to withhold in accordance with state default withholding rules. It is your responsibility to determine any applicable state forms that may be required and to provide them to us. To assist you, please visit www.fglife.com/tax for a listing of where to find your state's taxing authority's website.*

**State tax law and information is subject to change and interpretation. F&G cannot guarantee the accuracy or timeliness of state tax information.*

Questions. We recommend that you consult with a tax or financial advisor about federal and state withholding taxes and the options available to you. You may also talk to one of our policyholder service representatives, although they will not be able to provide tax advice.

CERTIFICATION (Substitute W-9)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct 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 backup withholding; and
3. I am a U.S. citizen or other U.S. person (as defined in IRS Form W-9 instructions); and
4. The FATCA code(s) (as defined in IRS Form W-9 instructions) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Exemption from FATCA reporting code (if any) _____.

Cross out any of the above items that are incorrect (e.g., because you have been notified by the IRS that you are currently subject to backup withholding as a result of a failure to report all interest and dividends on your tax return).

The Internal Revenue Service (IRS) does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.



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SIGNATURES (Physical signatures required, electronic signatures will not be accepted)

SIGNATURE HERE	
*Owner Signature (Please do not print):	
*Date (MM/DD/YYYY):	Phone Number
*Title, if applicable:	
<input type="checkbox"/> Trustee <input type="checkbox"/> Attorney-in-Fact <input type="checkbox"/> Conservator/guardian <input type="checkbox"/> Other: _____	

SIGNATURE HERE	
*Joint Owner Signature (Please do not print):	
*Date (MM/DD/YYYY):	Phone Number
*Title, if applicable:	
<input type="checkbox"/> Trustee <input type="checkbox"/> Attorney-in-Fact <input type="checkbox"/> Conservator/guardian <input type="checkbox"/> Other: _____	

SIGNATURE HERE	
*Irrevocable Beneficiary Signature (Please do not print):	
*Date (MM/DD/YYYY):	Phone Number
*Title, if applicable:	
<input type="checkbox"/> Trustee <input type="checkbox"/> Attorney-in-Fact <input type="checkbox"/> Conservator/guardian <input type="checkbox"/> Other: _____	

SIGNATURE HERE	
*Other Required Signature (Please do not print):	
*Date (MM/DD/YYYY):	Phone Number
*Title, if applicable:	
<input type="checkbox"/> Trustee <input type="checkbox"/> Attorney-in-Fact <input type="checkbox"/> Conservator/guardian <input type="checkbox"/> Other: _____	

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

Department of the Treasury
Internal Revenue Service

Give Form W-4R to the payer of your retirement payments.

2025

1a First name and middle initial	Last name	1b Social security number
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Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	2	%
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Sign Here	Your signature (This form is not valid unless you sign it.)	Date
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General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2025 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
<i>Total income over—</i>	Tax rate for every dollar more	<i>Total income over—</i>	Tax rate for every dollar more	<i>Total income over—</i>	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
15,000	10%	30,000	10%	22,500	10%
26,925	12%	53,850	12%	39,500	12%
63,475	22%	126,950	22%	87,350	22%
118,350	24%	236,700	24%	125,850	24%
212,300	32%	424,600	32%	219,800	32%
265,525	35%	531,050	35%	273,000	35%
641,350*	37%	781,600	37%	648,850	37%

* If married filing separately, use \$390,800 instead for this 37% rate.

General Instructions (continued)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Pub. 519, *U.S. Tax Guide for Aliens*, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, *Tax Relief for Victims of Terrorist Attacks*, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$65,000 without the payment. Step 1: Because your total income without the payment, \$65,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$85,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$61,000 without the payment. Step 1: Because your total income without the payment, \$61,000, is greater than \$26,925 but less than \$63,475, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$81,000, is

greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. The two rates differ. \$2,475 of the \$20,000 payment is in the lower bracket (\$63,475 less your total income of \$61,000 without the payment), and \$17,525 is in the higher bracket (\$20,000 less the \$2,475 that is in the lower bracket). Multiply \$2,475 by 12% to get \$297. Multiply \$17,525 by 22% to get \$3,856. The sum of these two amounts is \$4,153. This is the estimated tax on your payment. This amount corresponds to 21% of the \$20,000 payment (\$4,153 divided by \$20,000). Enter "21" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.