



Request for Cash Surrender

This form may be returned to WSA as follows:
Email - info@wsalife.com / Fax - 303-459-5154 / Mail - PO Box 351920, Westminster, CO 80035-1920
Please call WSA at 303-451-1494 or 800-451-7528 with questions.

WSA encourages you to seek tax or legal advice before making financial decisions. The proceeds of this surrender shall be subject to tax for the portion of the gross proceeds that exceed premiums paid less dividends (refund of premiums) received.

Life of: _____ Certificate Number: _____

Lodge: _____ Number: _____

I, the undersigned, do hereby request that the certificate referenced herein be surrendered for its net surrender value. Once this option is exercised, I understand this certificate will be rendered null and void - this certificate will no longer be in effect.

Please mark the applicable section:

The original certificate is enclosed
or

I hereby make application for benefits, in lieu of the presentation of the original Certificate. I hereby declare that all attempts have been made to locate said Certificate, to no avail. Should said original Certificate be presented for claim payment at a later date, I fully indemnify and hold harmless WSA Fraternal Life for any expenses which may occur therewith.

Forward the requested funds to: _____

Federal Income Tax Withholding:

Please answer the following question.

Unless you check "No", we are required to withhold at least 10% of the taxable amount.

Do you want Federal Income Tax withheld? No Yes

or

Please withhold \$ _____ or _____ %.

or

N/A - This is a 1035 Exchange - _____

Notice of Income Tax Withholding: The **taxable portion** of the surrender of a life insurance contract is considered ordinary income for tax purposes. WSA is required to withhold federal taxes from any withdrawal, unless you elect otherwise and provide your Social Security number or Taxpayer ID number. Withholding is a method of paying taxes that you may owe. Your tax liability is the same whether or not taxes are withheld at the time of each withdrawal. If you elect not to have taxes withheld from your withdrawal, or you do not have enough taxes withheld, you may be responsible for estimated taxes. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, do not meet IRS guidelines. We suggest you consult your tax professional if you have any questions about tax withholding.



Request for Cash Surrender

This form may be returned to WSA as follows:
Email - info@wsalife.com / Fax - 303-459-5154 / Mail - PO Box 351920, Westminster, CO 80035-1920
Please call WSA at 303-451-1494 or 800-451-7528 with questions.

WSA encourages you to seek tax or legal advice before making financial decisions. The proceeds of this surrender shall be subject to tax for the portion of the gross proceeds that exceed premiums paid less dividends (refund of premiums) received.

General Fraud Warning: Any person who, with the intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading may be guilty of insurance fraud and subject to criminal and/or civil penalties.

State Specific Statements: (Some states have specific laws relating to insurance fraud statements. The specific statements are listed from those states in which WSA Fraternal Life is licensed, should the state have a specific fraud statement requirement.)

Colorado:

It is unlawful to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Minnesota:

Any person who knowingly and with intent, defrauds or deceives any insurance company by submitting an application or filing a claim that contains any false or incomplete information, or conceals information for the purpose of misleading, may be guilty of insurance fraud, which is a felony and may be subject to criminal and/or civil penalties.

New Mexico:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

South Dakota:

Any person who knowingly and with intent, defrauds or deceives any insurance company by submitting an application or filing a claim that contains any false or incomplete information, or conceals information for the purpose of misleading, may be guilty of insurance fraud, which is a felony and may be subject to criminal and/or civil penalties.

Utah:

Any person who knowingly and with intent, defrauds or deceives any insurance company by submitting an application or filing a claim that contains any false or incomplete information, or conceals information for the purpose of misleading, may be guilty of insurance fraud, which is a felony and may be subject to criminal and/or civil penalties.

I certify:

- 1 - That the Social Security Number (or Taxpayer Identification Number, if applicable) listed on this form is my correct number; and
- 2 - That I am not subject to backup withholding because (a) I have not been notified by the IRS that I am subject to backup withholding or (b) the IRS has notified me that I am no longer subject to backup withholding; and
- 3 - That I am a US citizen or a US resident for tax purposes

Signature of Insured (Guardian if Insured is a minor) Social Security No. Date

Signature of Payer/Owner (If different than Insured) Social Security No. Date