

Phone: (800) 918-8877
Fax: (847) 615-4943
Email: CustomerCare@trustmarkbenefits.com
Website: TrustmarkVB.com
PO Box 7937
Lake Forest IL 60045-7937



FULL SURRENDER

Please print or type except where signatures are requested.

Policy Number: _____

Insured's Name: _____

Owner's Address (including City, State, Zip Code): _____

Owner's Phone Number: (_____) _____

CANCELLATION OVERVIEW

Did you know that with a partial surrender you can get cash out of your policy without canceling your policy? To check if you are eligible for a partial surrender, contact Trustmark Customer Care at **(800) 918-8877** or **CustomerCare@trustmarkbenefits.com**.

If you would like to do a full surrender of your coverage, please complete the following:

I request the full cash surrender of my policy, minus any amount owed on an outstanding loan. ☐ YES ☐ NO

I understand that cash surrender of my policy may result in early termination fees. ☐ YES ☐ NO

I understand that a full cash surrender **cancels my policy**. I have 30 days to change my mind and reinstate my policy by returning any funds issued to me based on the surrender request. ☐ YES ☐ NO

I (we) request that the transaction marked above be completed by Trustmark and I (we) expressly warrant that all persons signing below are of legal age. The changes requested in the form will not become effective until approved by Trustmark. Please allow seven to ten business days for processing your request.

Dated at _____ this _____ day of _____, 20 _____
City and State

Name of Owner(s): _____

Signature of Owner(s): _____

REASON FOR SURRENDER

- ☐ Premiums are no longer affordable
- ☐ I need to replace lost income
- ☐ Funds are wanted to improve retirement lifestyle
- ☐ Have a new policy with a new employer

IMPORTANT TAX INFORMATION

Substitute W-9 Information for Owner:

Have you been notified by the Internal Revenue Service that you are subject to back-up withholding? ☐ YES ☐ NO

Do you want Trustmark to withhold 20% of your taxable interest income? ☐ YES ☐ NO