



Allstate
Benefits

American Heritage Life Insurance Company
Allstate Benefits
1776 American Heritage Life Drive
Jacksonville, Florida 32224

Telephone 1-800-521-3535
Facsimile 866-428-2517
www.allstatebenefits.com

Agent Use Only – subject to AHL rules, send all items to be returned to: ☐ Agent ☐ Owner

Agent Name and Number _____

Policy Number(s) _____ **Policy Owner's Name** _____

Insured's Name if different than Owner _____

Policy Owner Mailing Address _____
(Street) (Apt)

(City) (State) (Zip) ☐ **Check if this is a new address**

Home Phone Number _____ **Alternate Phone Number** _____ (☐ Cell or ☐ Work)

Preferred contact number (☐ Home or ☐ Alternate) and best time to call if possible _____ ☐ a.m. ☐ p.m.

Email _____ **Agent Name and Number** _____

Notice to Policyholder: Funds released when borrowing, surrendering, or withdrawing any policy values may affect the guaranteed elements, non-guaranteed elements, face amount or surrender value of the policy.

1. ☐ Universal Life Partial Withdrawal or Annuity Partial Surrender (Processed from Cash Value Only)

\$250.00 minimum

- ☐ Request a partial fund withdrawal of \$ _____ or the maximum amount allowed by the policy if less than the requested amount
- ☐ Request the maximum allowed by the policy
- * Under the Universal Life Policy, the death benefit and cash value will be reduced by the amount of the partial surrender. Service fees will be deducted from the cash value.
- * If a taxable gain applies, please complete section 6 "Notice of Withholding on Distributions or Withdrawals". If you are unsure if this applies, you may complete section 7 as a precaution.

2. ☐ Policy Loan (Processed from Cash Value Only)

\$100.00 minimum

- ☐ Request a cash policy loan of \$ _____ or the maximum amount allowed by the policy if less than the requested amount
- ☐ Request the maximum allowed by the policy
- * This loan plus any other debt owed American Heritage Life Insurance Company is the first lien against the policy values. There are no proceedings in bankruptcy pending against any owner signing this form.
- * Policy loans accrue interest. An interest statement will be mailed annually on the policy anniversary date until paid in full.

3. ☐ Change from Loan to PFW

- ☐ Request to change the current outstanding loan balance into a Partial Fund Withdrawal

4. ☐ Policy Cancellation

- ☐ Cash Surrender Request For Cancellation (please return policy with request if available). In consideration of and in exchange for the cash value, the above named policy issued on the life of _____, is hereby surrendered for cancellations. In accordance with the terms of the policy it is hereby agreed that any debt thereon to the Company will be deducted from the cash value.
- ☐ Policy is enclosed with request
- ☐ Policy has been lost or destroyed and is not assigned, hypothecated or pledged in any other way whatsoever

5. ☐ Maturity Request

Maturity Request

- ☐ Elect option number _____ as stated in my contract
- Payments to be made ☐ Monthly ☐ Semi-Annually ☐ Annually
- ☐ Change maturity date to _____
- ☐ Change maturity age to _____
- ☐ Lump sum

6. ☐ Guaranteed Option Requests

- ☐ Change Automatic Option to (if applicable): ☐ Reduced Paid-Up ☐ Extended Term
- ☐ Stop Premium and Adjust Coverage to (if applicable): ☐ Reduced Paid-Up ☐ Extended Term
- *supplemental benefits cancel when premiums stop

I agree that my signature below shall apply to each request which has been checked on **both sides** of this form and I further agree that no request will be effective if not checked.

➡ **Policy Owner's Signature Required for all Requests** _____ **Date** _____

➡ **Joint Owner's Signature** _____ **Date** _____

Note: For Corporate Owner, provide corporation name, two officer's signatures and their titles.

Company Name _____ Officer Signature/Title _____ Officer Signature/Title _____

Choose one option only

7. ☐ **Notice of Withholding on Distributions or Withdrawals (only complete if taking a Universal Life Partial Withdrawal or Annuity Partial Surrender)**

The distribution from your account is subject to Federal income tax withholding on the portion which is included in taxable income. You may elect to have American Heritage Life Insurance Company withhold the tax or report it yourself.

If you elect not to have Federal income tax withheld, you are liable for payment of the tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax rules if your payments of estimated tax and/or withholding, if any, are insufficient.

If you are not a U.S. Person, including a U.S. resident alien, we are required to withhold 30% of the taxable amount unless we receive a completed IRS Form W-8 validly claiming a reduced withholding rate pursuant to a tax treaty between the U.S. and your country of residence.

Important: To avoid delay, please sign authorization below if you are NOT subject to backup withholding.

Note: Due to Internal Revenue Service requirements concerning taxpayer identification number verification and backup withholding requirements, this form is required to be completed prior to distribution. Check to be sure that all information is correct before signing.

Taxpayer Identification Number Certification

Federal law requires us to withhold and remit to the Internal Revenue Service a portion of any income payable to you. The following certifications are required to avoid backup withholding order.

Under penalties of perjury, I certify that:

1. The Taxpayer Identification 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 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. person (including a U.S. resident alien).
4. The FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

➡ Sign here: _____ Date: _____ ☐ Check here if address is new.
Claimant

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____ Taxpayer Identification Number: _____

ELECTION

(Applicable only if not subject to backup withholding)

Choose one:

☐ I DO want Federal income tax withheld from my distribution.

☐ I DO NOT want Federal income tax withheld from my distribution.

➡ _____
Owner's Signature

Date