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Deferred Annuity Contract Withdrawal/Surrender Form

Use this form to request either a full or partial surrender from your annuity contract.

This form may not be used to withdraw funds from your RSVP 403(b) annuity contract(s).

Contract Information

Policy holder's name _____

Contract number _____

Social Security Tax Identification Number _____

Address _____

Check if new address. If this address is not the same as your address of record, you must provide a signature guarantee to receive payment.

Withdrawal Amount*

Please withdraw the following from my annuity contract (check one):

_____ % of my contract's Accumulation Value
 (100% would mean a full surrender of your contract.)

\$ _____ from my contract's Accumulation Value
 (Enter the gross* dollar amount you wish to surrender.)

My Surrender Charge Free amount.

All interest accrued in my contract.

This option is not available if you have made non-deductible contributions to a traditional IRA.

Note: *All applicable tax withholding and surrender charges will be deducted from the amount you request. The proceeds will be taxed depending on the cost basis and the type of contract. If you are under 59½, you will be subject to a 10% penalty imposed by the Internal Revenue Service.

Federal Tax Withholding

Note: Church life Insurance Corporation does not give legal or tax advice. It is recommended that you consult with your personal tax advisor regarding taxation in your situation.

Your withdrawal is subject to federal (and state, if applicable) income tax withholding requirements. Please note that if no option is selected, 10% will be withheld for federal taxes. State withholding may also be required. Certain states require tax withholding only if federal income taxes are withheld. If you are making a full surrender, premium tax may apply based upon your state. **All tax withholding will be subtracted from the withdrawal amount selected above.**

Please check one:

I elect to have federal income tax withheld, at _____ %
 (Must be at least 10% and no more than 50%.)

I elect to have state income tax withheld, at _____ %
 (Certain states require withholding when federal tax is withheld.)

I elect to have no federal income tax withholding.

I elect to have \$ _____ withheld.

Delivery Options

Please send my check via Regular Mail (default).

Please send my check via Overnight Mail (a fee will be charged for this service).

Please mail to an alternate address (Signature Guarantee is required).

Alternate Address (if applicable) _____

Authorization

I hereby certify that the information on this form is correct and accurate and that I have read and understand the entire form. I authorize and direct Church Life Insurance Corporation to make the withdrawal in accordance with my designation noted on this form. By signing below, I understand that the request is subject to all the terms and conditions of the contract. I have read the Additional Information provided on this request form. I also understand that once this distribution is released by Church Life Insurance Corporation, it cannot be reinstated to this contract. I certify that the Social Security taxpayer Identification Number provided on this form is correct and that I am not subject to backup withholding.

An original signature guarantee is required if the amount you have requested is equal to or greater than \$100,000, the proceeds are being wire transferred or mailed to an address other than the address of record, your address has changed or the proceeds are made payable to a person other than the Owner.

I acknowledge that any full or partial surrender of my annuity contract may result in surrender charge and I may also be subject to taxation and an IRS penalty if I am under 59^{1/2}. I am also aware that I may lose certain benefits if I surrender my contract and that this contract does not have a reinstatement provision. If I have elected a full surrender of my contract, I have enclosed the original Contract.

If the original Contract is not enclosed, I certify that it has been lost or destroyed

Signature of Owner: _____

Date: _____

Signature Guarantee Stamp: (If, applicable) _____

A signature guarantee is designed to protect you and Church Life Insurance Corporation from fraud. You should be able to obtain a signature guarantee from a bank, broker, dealer, credit union (if authorized by state law), securities exchange or association, clearing agency, or savings association. A notary public cannot provide a signature guarantee.

Additional Information

Notice of Federal Income Tax Withholding: The taxable portion of a full or partial surrender or distribution from an annuity contract is considered ordinary income for tax purposes. Church Life Insurance Corporation is required to withhold federal taxes (and state taxes where applicable) 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 the surrender. You may elect not to have federal income tax withheld by checking that option in the section entitled "Federal Tax Withholding." You may revoke this withholding election at any time. To revoke your federal income tax withholding election, please submit your request in writing to the Church Life Insurance Corporation. If you elect not to have taxes withheld from your withdrawal, or you do not have enough taxes withheld, you may be responsible for the payment of 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 that you consult your tax professional if you have any questions about tax withholding.

Federal income tax must be withheld at the applicable tax rate, governed by the type of distribution, and payment mode. Payments made to non-resident aliens, residing in non treaty countries, and/or payments made to individuals who have not supplied a valid Social Security Number or Tax Identification Number, must be taxed at a rate of 30%. If a certified Form W-8BEN is properly completed in every way, the treaty rate applicable to the country of residence will be applied.