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LFF016	
Form #	Account #
Branch #	FP #

Insurance/Annuity Surrender Disclosure

The LFF016 is required for all full annuity liquidations and any partial annuity liquidations valued at \$25,000 and over.

Financial Professional:	Insurance Company:
Policy Owner:	Insurance Product Annuity Product
Contract #	Investment/Premium(s) Amount: \$
Is the surrender solicited? YES NO	Original issue date:
Contract Value: \$	Estimated Surrender Value: \$
Value as/of What Date?	Surrender Charge: \$
Contract Death Benefit: \$	Current Living Benefit: \$
Current Interest Rate (if fixed): \$	Current Cap Rate (if fixed): \$
Guaranteed Minimum Interest Rate (fixed or fixed index):	%
Description of any other investment performance guarantees being forfeited (i.e., living benefits):	
Did you sell the original Annuity? YES NO	If yes, please detail the reason for the surrender:
Are you transferring to another product? YES NO	If yes, what type of investment?

Client Acknowledgements and Signatures

I acknowledge that by surrender of this insurance/annuity contract, I will lose the guaranteed benefits offered by the contract.

- I understand there may be surrender charges assessed by the insurance company and acknowledge that amount will be deducted from the proceeds.
- In general, the surrender of an insurance policy or non-qualified annuity will result in the gains being taxed as ordinary income. Additionally, if the surrender takes place prior to age 59 ½, you may be subject to a 10% federal tax penalty.
- I understand that I should seek the advice of my tax advisor regarding any tax implications of this surrender.

I have read and understand the information contained on this form related to the surrender of my insurance/annuity contract.

Client Signature	Date	Joint Client Signature (if applicable)	Date
Financial Professional Signature	Date	Principal Signature	Date
		Principal Signature (if applicable)	Date

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