

Trustmark
Voluntary Benefit Solutions®

A Division of Trustmark Insurance Company

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Lake Forest IL 60045-7937

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Fax: (847) 615-4943
Hours: Monday – Thursday 7:00am to 7:00pm CST
Friday 7:00am to 6:00pm CST
Email: CustomerCare@trustmarksolutions.com
Website: www.trustmarksolutions.com

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: () _____

I request the cash surrender of my policy, less any outstanding loan.

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

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.

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

Name of Current Owner(s): _____

Signature of Current Owner(s): _____