Trustmark
Voluntary Benefit Solutions®
A Division of Trustmark Insurance Company
PO Box 7937
Lake Forest IL 60045-7937

Phone: (800) 918-8877 option 6
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

PARTIAL SURRENDER

Please print or type except where signatures are requested.

Policy Number: _____

Insured's Name: _____

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

Owner's Phone Number: ( ) _____

I would like to take a partial surrender for the:

☐ Maximum Amount Available

☐ Amount: $ _____

Your eligibility to take a partial surrender is governed by your policy provisions. Your request must be made prior to the maturity date during the Insured's lifetime. Each partial surrender must be at least $100. A partial surrender charge of $25, as shown in the schedule, will be deducted each time this is done. A partial surrender will result in a reduction of the face amount, accumulated value and the death benefit amount by the amount of each partial surrender.

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): _____