



PO Box 7937
Lake Forest IL 60045-7937

Phone: (800) 918-8877
Fax: (847) 615-4943
Email: CustomerCare@trustmarkbenefits.com
Website: TrustmarkVB.com

PARTIAL 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: () _____
Owner's Email: _____

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 Owner(s): _____

Signature of Owner(s): _____

California Policy Owners with Long-Term Care Rider Partial Surrender Disclosure

WARNING: Cash withdrawals may reduce and potentially eliminate your death benefit and your long-term care benefits. Receipt of a cash withdrawal may be taxable and may also adversely affect your eligibility for Medicaid or other government benefits or entitlements. Please consult a financial advisor.

Receiving a partial surrender from your Universal Life insurance policy will have the following effects:

- Your Long Term Care Accelerated Death Benefit payment will be reduced
- Your death benefit will be reduced

The following demonstration provides an example of how a partial surrender would impact your life insurance policy and Long Term Care Accelerated Death Benefit.

Sample of Effects of Partial Surrender on Certificate Values	Partial Surrender of \$5,000	
	Before Payment	After Payment
Death Benefit	\$100,000	\$95,000
Long Term Care Accelerated Death Benefit Available	\$100,000	\$95,000
Face Amount	\$100,000	\$95,000
Accumulated Value	\$10,000	\$5,000
Outstanding Loan Balance	\$-	\$-
Cash Surrender Value	\$10,000	\$5,000
Sum of Premium paid for Secondary Guarantee Period	\$12,000	\$7,000

To finalize your partial surrender request, sign and date below, and return to CustomerCare@trustmarkbenefits.com or fax to (847) 615-4943.

If you have any questions, contact our Customer Care professionals Monday through Friday from 7:00 a.m. to 6:00 p.m. CT at (800) 918-8877 or CustomerCare@trustmarkbenefits.com.

Signature _____

Date _____