

Annuity Surrender Request

457/Deferred Compensation Plans Without MetLife Tax Reporting

NAME OF PARTICIPANT	PARTICIPANT'S SOCIAL SECURITY #	ACCOUNT NUMBER (One number per form)
PARTICIPANT'S ADDRESS (Check here if new address <input type="checkbox"/>)		PLAN/EMPLOYER NAME

SURRENDER ELECTION Please check one:

- Partial Surrender - Amount \$_____ **NOTE: The amount will be less than requested to reflect the deduction of taxes and applicable charges unless the net box is checked NET.**
Note: Partial Surrender - Requested amount will be prorated from all funds unless you specify otherwise in the special instructions section.
- Full Surrender - Account will be closed unless noted in special instructions.

SURRENDER REASON Please check applicable box(es):

- Normal Retirement Age (*defined by plan*)
 Hardship Withdrawal
 Total Permanent Disability (attach Social Security disability award or certifying doctor's statement)
 Termination of participant (indicate age ____)
 Required Minimum Distribution
 Return of Excess Deferral Amounts
 Death of Participant
 Other _____

Attention: Employer/Trustee
 Please indicate here if Contract is benefit sensitive: Yes No

SPECIAL INSTRUCTIONS: _____

Tax reporting will be done by your Employer or Third Party Administrator.

SIGNATURE OF EMPLOYEE/CONTRACT OWNER (Required) <i>I understand that contract penalties may apply.</i>	DATE
SIGNATURE OF PLAN REPRESENTATIVE/TRUSTEE	DATE