

		<b>Policy Number</b>
<b>Insured's Name</b>	<b>Social Security Number</b>	<b>Email Address</b>
<b>Owner's Name</b>	<b>Social Security Number</b>	<b>Email Address</b>

- 1. POLICY LOAN:** Loan Agreement – In consideration for the advance, as a loan, all rights, title and interest in the policy is assigned to BFLIC as sole security for the repayment of the loan with interest payable subject to the provisions of the policy.
- Pay premiums due on policy # \_\_\_\_\_
  - Full amount available
  - \$ \_\_\_\_\_ or full amount available, if less
- 2. PARTIAL/FULL SURRENDER OF ANNUITY:** May be subject to penalties if Annuitant is under the age of 59-1/2, and proceeds might be taxable and subject to tax withholding as dictated by the Internal Revenue Services. In the event that the proceeds are taxable, an Internal Revenue Service W-4P Form must be completed.
- Full Surrender
  - Partial withdrawal of full amount available
  - \$ \_\_\_\_\_ or full amount available, if less
- 3. FULL SURRENDER OF POLICY FOR CASH VALUE:** (Policy contract must be returned with this request. If lost or destroyed, check off #4.) The cash surrender value is requested and will be accepted as full payment. The contract will be cancelled with no further coverage as of the date this completed form and policy contract are received by the Company. Please send proceeds, net of any outstanding policy loan, to the Policy Owner. In the event that the proceeds are taxable, an Internal Revenue Service W-4P Form must be completed.
- 4. DECLARATION OF LOST POLICY:** (Check if policy contract is not being returned.) I have been unable to find the above-described policy, and certify that it is not assigned or pledged.

I certify that no bankruptcy proceedings, attachment, tax or other lien claim is now pending against the owner.

**SIGNATURES:** I/We agree that my/our signature(s) below shall apply to each request which has been checked.

Policy Owner	Date	Co-Owner	Date
Irrevocable Beneficiary	Date	Assignee, Officer's Signature	Date
Witness	Date	Assignee, Title and Company Name	

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records. -----

Form <b>W-4P</b>  Department of the Treasury Internal Revenue Service	<b>Withholding Certificate for Pension or Annuity Payments</b>  ► For Privacy Act and Paperwork Reduction Act Notice, see page 4.	OMB No. 1545-0074
Your first name and middle initial	Last name	<b>Your social security number</b>
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

**Complete the following applicable lines.**

- 1** Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Do not complete line 2 or 3.) ►
- 2** Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment. (You also may designate an additional dollar amount on line 3.) . . . . . ► \_\_\_\_\_
- Marital status:**  Single  Married  Married, but withhold at higher Single rate. (Enter number of allowances.)
- 3** Additional amount, if any, you want withheld from each pension or annuity payment. (**Note:** For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) . . . . . ► \$ \_\_\_\_\_

**Your signature ►** \_\_\_\_\_ **Date ►** \_\_\_\_\_