

Annuity Cash Value and Maturity Value Request

Please check the box next to your insurance company's name.

ManhattanLife Assurance
 Manhattan Life
 Family Life
 Western United Life

Select which option you are requesting below:

| <input type="checkbox"/> Annuity Cash Value Request | <input type="checkbox"/> Maturity Value Request |
|---|--|
| Policy Number(s) _____ on the life of _____ | Policy Number (s) _____ Insured Name _____ |
| Withdrawal of Annuity Cash Value In The Amount Of \$ _____ Amount Available Is \$ _____ | <input type="checkbox"/> Please send my maturity proceeds immediately. <input type="checkbox"/> Please send me information regarding my other maturity options. |

YOU MUST RETURN YOUR ORIGINAL POLICY TO US WHEN YOU SURRENDER IT.

If policy is not enclosed, then indicate if: Policy Lost Policy Destroyed

In consideration of the payment of the cash surrender or maturity value, the undersigned acknowledges that all rights, claims, benefits and demands under the policy are fully settled and satisfied, and the Company is hereby released from any and all liability. It is hereby expressly represented that no person, firm or corporation other than the undersigned has any interest in this policy and that no insolvency or bankruptcy proceedings have been instituted against the undersigned.

In consideration of the payment of annuity cash value withdrawn; it is hereby expressly represented that no person, firm or corporation other than the undersigned has any interest in this policy and that no insolvency or bankruptcy proceedings have been instituted against the undersigned.

NOTICE OF TAXABILITY, WITHHOLDING AND ELECTION

All or part of the payment received by a policyowner in connection with the withdrawal of an annuity contract, including the values used to cancel any outstanding loan indebtedness at the time of withdrawal, may be includable in the policyowner's gross income for tax purposes.

The income tax laws of the Federal Government require that the Company report and automatically withhold on taxable income in excess of specified amounts, unless you elect otherwise by marking the box below.

If we do not have your correct Social Security or Taxpayer Identification Number, or if IRS has given other instructions, backup withholding may be required despite any election that you make. If you elect that we do not withhold, you are responsible for payments of the estimated tax, if any is due. You may have to pay a penalty if your withholding and estimated tax payments are not sufficient.

I ELECT NOT TO HAVE TAX WITHHELD FROM ANY TAXABLE PORTION OF MY PAYMENT
 * This election is in lieu of form W-4P
 My Social Security Number or Taxpayer Identification Number is _____

Important: Signature of Beneficiary (if named irrevocably) or Assignee (if any) is required. Dated at

_____ this _____ day of _____, 20____
(City, State) (Date) (Month) (Year)

 Signature of Assignee (if any)

 Signature of Owner

 Signature of Beneficiary (if named irrevocably)

 Spouse Signature*

***Important:** Signature of wife or husband UHTXLUHF owner is a resident of any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin. If there is no spouse, please indicate such.

Submit Completed Form to:
 Policy Holder Services
 P.O. Box 925989
 Houston, TX 77292

