

State Farm Life Insurance Company

(Not licensed in MA, NY or WI)

State Farm Life and Accident Assurance Company

(Licensed in NY and WI)

1 State Farm Plaza, Bloomington, IL 61710-0001

Cash Surrender/Termination Request

Policy number

Owner 1 name

Phone number

Cell Home

Owner 2 name (if applicable)

Phone number

Cell Home

Insured/Annuitant name

Complete this form to request a cash surrender or termination of your State Farm[®] life insurance policy, annuity policy, or supplementary contract (not available on all contract types). For TSA requests, use the Tax Sheltered Annuity Distribution Request form. If your Corporate Retirement Plan is serviced through Ascensus, contact Ascensus for their paperwork. If your policy is a Keogh or a Corporate Retirement Plan not serviced by Ascensus, submit the Waiver of Qualified Joint and Survivor Annuity form in addition to this form.

WHAT YOU SHOULD KNOW

Please talk with your agent to better understand the features and possible outcomes of this request.

- **A requested surrender cannot be reinstated.**
- Complete the Important Notice of Withholding and Election section of this form. **Federal and state (where applicable) income tax withholding on the taxable amount may apply, unless you elect out of withholding. Once processed, withholding cannot be changed.**
- **Any tax reportable amounts realized at the time values are released cannot be changed.**
- When the policy is surrendered, any outstanding loan balance and accrued interest is deducted from the policy proceeds.
- **It is not usually in the policy owner's best interest to surrender:**
 - A policy on which premiums are being waived due to disability of the insured or death of the payor.
 - A policy that will become fully paid-up at the next policy anniversary.

- A Paid-Up Dependent policy (paid-up term insurance on a spouse or children).
- You may wish to consult a financial or tax advisor for additional questions.

In addition, the following apply to Fixed and Variable Annuity products only:

- A surrender charge and/or market value adjustment may be applicable and could impact the surrender value amount.
- Policy gains for all non-tax qualified annuities you own that were issued in the same year are required to be aggregated to determine tax reporting.
- If you are subject to taxation and are less than age 59½, the gain may be subject to a 10% IRS penalty assessed at the time your tax return is filed.
- You may elect out of withholding to avoid having income taxes withheld for a Roth Individual Retirement Arrangement (IRA) non-qualified distribution. Withholding does not apply to Roth IRA qualified distributions when a policy has been in force for five or more years and one of the following has occurred:
 - Over age 59½
 - Death or disability
 - Qualified first-time home purchase

If there are differences between this disclosure and the policy, the terms of the policy will prevail.

Signature(s) on following page(s) 

Doc type **38.1**

By signing this form, you are choosing to surrender or terminate your policy/contract and pay all cash surrender/termination values as selected below. When a surrender or termination is processed as a result of a request from the policy owner, the policy/contract cannot be reinstated. Any requirement to return the policy with the surrender/termination request is waived.

PAYMENT METHOD

A check is the automatic option if no option is selected.

- Check
- Electronic Funds Transfer to a bank account not on file. Please fill out the Electronic Funds Transfer to Bank Account form and attach to this request.
- If you have received a disbursement as an Electronic Funds Transfer in the past, and want to send the funds to the same bank account, complete the bank information below:

Account number: _____
 Name(s) on account: _____
 Routing number: _____

If applying funds to an account of someone other than the policy owner, I authorize the transfer of funds to the following bank account:

 Name of bank account holder

 Relationship to policy owner

IMPORTANT NOTICE OF WITHHOLDING AND ELECTION

Federal Income Tax Withholding – The taxable portion of proceeds may be subject to federal and state (if applicable) income tax withholding. If we do not have your Taxpayer Identification Number (TIN), withholding will occur. By your election, you may be responsible for payment of estimated taxes; and there may be tax penalties if your withholding and estimated payments are not sufficient. Your withholding election is final and cannot be changed after the transaction is processed.

Form W-4R Department of the Treasury Internal Revenue Service	Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions ▶ Give Form W-4R to the payer of your retirement payments.	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2022</div>
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1a First name and middle initial	Last name	1b Social security number
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 Address

 City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals) ▶	2
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Sign Here	► _____ ►
	Your signature (This form is not valid unless you sign it.)
	► _____
	Date

2022 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying widow(er)		Head of household	
<i>Total income over -</i>	Tax rate for every dollar more	<i>Total income over -</i>	Tax rate for every dollar more	<i>Total income over -</i>	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
12,950	10%	25,900	10%	19,400	10%
23,225	12%	46,450	12%	34,050	12%
54,725	22%	109,450	22%	75,300	22%
102,025	24%	204,050	24%	108,450	24%
183,000	32%	366,000	32%	189,450	32%
228,900	35%	457,800	35%	235,350	35%
552,850*	37%	673,750	37%	559,300	37%

* If married filing separately, use \$336,875 instead for this 37% rate.

Additional information and directions for Form W-4R can be found online at <https://www.irs.gov/pub/irs-pdf/fw4r.pdf>.

State Income Tax Withholding – We will only withhold if you live in a state requiring us to do so. We will withhold at least the minimum amount required by your state. Please indicate below if you would like us to withhold more than the minimum amount.

- I do not want state income tax withheld. I understand this election will not apply in states that do not permit persons to elect out of withholding.
- Withhold my state's minimum required percentage. If you live in a state that does not specify a minimum required percentage, we will not withhold.
- Withhold state tax of \$ _____. I understand that I cannot request withholding in an amount less than my state's minimum amount.

EXPLANATIONS

Use the space below to provide additional details. Additional forms and/or information may be needed.

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

SIGNATURES

By signing below, I authorize and direct State Farm to initiate and process this request.

Owner 1 signature

Date (mm/dd/yyyy)

SIGNATURE

Owner 2 signature (if applicable)

Date (mm/dd/yyyy)

SIGNATURE

Agent stamp

Agent signature as witness (not required)

Date (mm/dd/yyyy)

SIGNATURE

SUBMISSION – All pages of the request form must be submitted.

Submit the completed and signed form to your State Farm agent or State Farm:

Fixed Annuity:

Annuities Operation Center, P.O. Box 2380, Bloomington, IL 61702-2380 or fax to 740-364-4581. For policies purchased in NY or WI, fax to 740-364-4582.

Life Insurance Policy:

Life Operation Center, P.O. Box 2364, Bloomington, IL 61702-2364 or fax to 740-364-4576. For policies purchased in NY or WI, fax to 740-364-4577.

Supplementary Contract:

Annuity/Supplementary Contract, P.O. Box 2380, Bloomington, IL 61702-2380 or fax to 855-839-3464. For policies issued in NY or WI, fax to 855-258-4610.

Variable Life and Annuity Products:

Variable Operation Center, P.O. Box 2307, Bloomington, IL 61702-2307 or fax to 855-363-7052. For policies purchased in NY or WI, fax to 855-618-8528.