



AuguStarSM Life Insurance Company
 AuguStarSM Life Assurance Corporation
 P.O. Box 5308
 Cincinnati, Ohio 45201-5308
 888.925.6446
 augustarfinancial.com

Individual Annuity Contract Change Request – Full Surrender

Please Print

Contract Number	Annuitant	Owner
-----------------	-----------	-------

Please complete all sections.

Section 1 – Full Surrender

I understand that, by signing this form, I am requesting my annuity contract to be surrendered in full. The original contract is attached or, if not attached, I attest that I have done a diligent search and cannot find the contract. I agree that if the contract shall be found at a later date, it will be returned to the Company. I also agree, jointly and severally on behalf of my heirs, successors, and assignees, to indemnify the Company from any and all claims, suits, costs, or expenses to which it may be subjected or in any way made liable in consequence of the Company's compliance with the provisions of the original contract without its delivery to the Company.

Please be aware that the surrender in full of this contract may be subject to a surrender (contingent deferred sales) charge. In addition to any applicable surrender charge, there may also be additional rider or contract fees deducted from the distribution. Please refer to your contract or rider for specific charges associated with the termination of your contract.

For contracts issued in the State of Virginia, Section 5 is required.

Section 2 –Taxation

Federal Taxation: If you do not select an option below, we are required to withhold at least 10% of the taxable amount.

- I DO NOT want to have federal income tax withheld from my withdrawal.
- I DO want to have _____% federal income tax withheld from my withdrawal (must be less than 100%).

State Taxation: We will withhold state income tax on the taxable amount if: (1) you specifically request that we do so on this form and we are able to do so for your state; or (2) we are required to do so under state law. If you have questions regarding mandatory state withholding, please contact our Annuity Product Specialists at 888.925.6446.

- I DO NOT want to have state income tax withheld from my withdrawal.
- I DO want to have _____% state income tax withheld from my withdrawal.

Other federal or state withholding rules may apply to your withdrawal.

I understand that I am liable for payment of federal and state income tax on any taxable portion of the requested payment and could be subject to tax penalties under the estimated tax payment rules if payments are not adequate.

Section 3 – Method of Disbursement (Please check one)

1. Please select one

- Check** (unless otherwise indicated, checks will be sent via regular mail)
- Wire Transfer** (There is a \$25 fee to wire funds, and your financial institution may charge a fee for incoming wire transfers)
- Overnight Check** (There is a \$20 fee to overnight funds. This process takes three business days to receive the check once the request has been processed.)
- Electronic Funds Transfer (EFT)** - Please complete the below agreement. A voided check or a copy of a voided check must be attached in order for us to process the withdrawal. EFT may not be an option for custodial-owned contracts. There is a maximum distribution limit of \$50,000 for EFT; please contact Annuity Product Specialists at 888.925.6446 for more information.

PLEASE COMPLETE ALL PAGES OF THIS FORM AND SIGN.

2. Mail to: (please note: if not completed, the check will be sent to the address of record)

Please note: Checks must be made payable for the benefit of the contract owner(s).

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 4 – Electronic Funds Transfer (EFT) Agreement for Direct Deposit

Type of account: Checking (please attach a voided check) Savings (please attach a voided pre-encoded deposit slip)

Name of the Financial Institution:	Account Number:
ABA/Transit Routing Number:	Name(s) as it appears on the account*:
Address of the Financial Institution:	Telephone Number of Financial Institution:

For credit to my/our account all funds payable by AuguStarSM Life Insurance Company or AuguStarSM Life Assurance Corporation (hereafter referred to as AuguStarSM) represent payment from my/our contract referenced above.

I/We authorize the Financial Institution named above to reimburse AuguStarSM, from this or any other account I/we may hold in such institution, for any payment received by the Financial Institution to which I/we was/were not entitled due to death prior to the due date of the payment.

I/We understand that AuguStarSM is relying on the information that I/we provided on this form, and further understand that AuguStarSM will not be liable for any losses or charges due to incorrect, outdated, or incomplete information that has been provided on this form.

Beginning in 2015, an individual may not make more than one non-taxable 60-day rollover from one IRA to another within each twelve month period. This limit applies to all types of IRAs including SEP, SIMPLE and Roth IRAs. By signing this form and instructing AuguStarSM to distribute funds as a non-taxable rollover, you are representing that you have not received a distribution from any other IRA in the preceding one-year period that was rolled over into an IRA.

Section 5 – Virginia Best Interest

This section is required only for contracts issued in the state of Virginia. Check ONE answer in response to the following question: Has an AuguStarSM affiliated financial professional made a recommendation for you to surrender this annuity contract?

- YES, My AuguStarSM affiliated financial professional has made a recommendation for the surrender of this annuity after determining that it was in my (our) best interest. I (we) agree that the surrender is in my (our) best interest and have elected to proceed with this request.
- NO, My AuguStarSM affiliated financial professional has not made a recommendation that I (we) surrender this annuity contract. I (we) are electing to proceed with this surrender.

If you checked 'YES' above, briefly outline, in the space below or in attached documentation, the reason(s) why you and your AuguStarSM affiliated financial professional have determined the surrender request to be in your best interest.

Section 5 (A) – AuguStarSM Affiliated Financial Professional Signature

If Section 5 is answered 'YES', we require that your AuguStarSM affiliated financial professional review and acknowledge the following: I have made a recommendation for the Owner to surrender this annuity contract after determining that it is in the Owner's best interest to do so. I hereby certify that the information contained in Section 5 above is, to the best of my knowledge and belief, true accurate and complete. I have separately advised the Owner of the potential tax consequences (if any) as well as the loss of benefits that will occur as a result of the surrender of this annuity contract.

Signature of AuguStarSM Affiliated Financial Professional

Date

Printed Name of AuguStarSM Affiliated Financial Professional

Date

Section 6 – Owner Signature(s)

The undersigned hereby consents to the provisions contained herein:

Signature of Owner**

Date

Signature of Joint Owner**

Date

Social Security Number of Contract Owner***

Daytime Phone Number

Certification:

* Payment must be made to the contract owner(s). AuguStarSM is unable to pay or direct deposit to a third-party account.

** I hereby certify that I, the above-signed, am the owner of this annuity contract or, if the contract is trust, custodial, corporate or partnership owned, that I am an authorized signatory thereof and that this request is being submitted in my capacity as an authorized signatory of the trust, custodial account, corporation or partnership. The above-signed hereby agrees, for ourselves, and, if any, our subsidiaries, agents, employees and directors at all times to indemnify and hold harmless AuguStarSM Life Insurance Company, each of its subsidiaries, agents, employees and directors against any and all claims, liabilities, damages, demands, actions, controversies, charges, expenses and losses sustained or incurred by AuguStar's actions in making the change requested above and release the same from any liability arising from the execution of this transaction.

*** Under the penalties of perjury, I certify that the information provided on this form is true, correct, and complete. I have not been notified by the Internal Revenue Service that I am subject to withholding for under-reporting under Section 3406(a)(1)(c). I am a U.S. citizen or a U.S. resident alien.

California: 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.