



# THE GRAND LODGE OF THE INDEPENDENT ORDER OF VIKINGS

5250 South Sixth Street, P.O. Box 5147, Springfield, IL 62705-5147  
Fax (217) 241-6574 • Fax (217) 241-6578  
Toll Free (877) 241-6006  
www.iovikings.org

Social Security or Federal Tax ID# of \_\_\_\_\_  
In consideration of and exchange for the Cash Value of Policy Number \_\_\_\_\_ Issued on the life of \_\_\_\_\_

In accordance with the terms of the policy, it is hereby agreed that any indebtedness thereon to the Company will deduct from the Cash Value. Said Cash Value is accepted in full settlement and complete satisfaction of all rights, claims and demands under said Policy. It is expressly represented and warranted that no other person, firm or corporation has any interest in said policy except the undersigned and that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned.

- The Policy contract is enclosed. (The original policy must be returned for cancellation. If the original is misplaced, lost or destroyed indicate this below.
- This is to certify that this policy has been misplaced, lost or destroyed. I hereby release and discharge the Company from any and all future claims and demands whatsoever under the original policy. If the original is found, it shall be returned to the company.

### NOTICE OF WITHHOLDING ON DISTRIBUTION OR WITHDRAWAL (NONPERIODIC)

This distribution or withdrawal you receive from this is subject to Federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your distribution or withdrawal that is included in your income subject to Federal income tax. This, for example, there will be no withholding on the return of your own nondeductible contributions to the contract.

If you elect not to have withholding apply to your distribution or withdrawal payment, or if you do not have enough Federal income tax withheld from your distribution or withdrawal, you may be responsible for payment of estimated tax. You may incur penalties under the estimated ruled if your withholding and estimated tax payment are not sufficient.

The Company cannot provide individual tax advice. Please see your attorney or tax advisor if you have any questions about your individual tax situation.

- DO NOT** withhold Federal income tax, I assume responsibility for payment of the income tax.
- WITHHOLD** Federal income tax.

Witness signature of Unrelated Adult	Signature of	Date

A WRITTEN REQUEST FOR THE CASH SURRENDER OPTION MUST BE RECEIVED AT THE HOME OFFICE WITHIN 60 DAYS OF THE DUE DATE OF THE PREMIUM IN DEFAULT. OTHERWISE, ANY POLICY VALUES WILL BE APPLIED AS PROVIDED IN THE CONTRACT.

READ CAREFULLY BEFORE RETURNING  
PLEASE BE SURE TO INCLUDE YOUR SOCIAL SECURITY/TAX ID NUMBER