



First Investors Life

CUSTOMER SERVICE OPERATIONS
RARITAN PLAZA 1, P.O. BOX 7836
EDISON, NEW JERSEY 08818-7836
800-832-7783

ANNUITY

MULTI-PURPOSE

REQUEST FORM

DATE RECEIVED AT FIL: _____

Contract No.: _____ Name of Annuitant: _____

Name of Owner (If not annuitant): _____ Owner's Date of Birth: _____

Owner's Current Address: _____ Phone #: () _____

1 . Partial Surrender: I want to make a Partial Surrender in the amount of \$ _____
I understand and agree that a partial surrender will reduce the death benefit and may have tax consequences.

2a . Contract Surrender: The undersigned hereby applies to First Investors Life Insurance Company for the net cash surrender value of the above contract. It is hereby warranted that no insolvency or bankruptcy proceedings are pending against the undersigned.
In consideration of the payment of the above contract's net cash surrender value, the undersigned agrees that the entire liability of First Investors Life Insurance Company under the contract shall be discharged and terminated upon receipt of this form at the Home Office of the Company, during the lifetime of the annuitant, together with the contract and any other papers which the Company considers necessary to effect surrender of the contract.
CHECK ONE: **Contract Enclosed.** **Contract Not Enclosed.** Complete 2b Lost Contract Declaration.

2b . Lost Contract Declaration: To the best of the knowledge and belief of the undersigned, these statements are true: (A) The contract has been lost or destroyed. (B) No one has the contract. (C) It is not now assigned, or otherwise transferred to anyone. (D) It is not in any way pledged as security for money advanced or value received.

ISSUE NEW CONTRACT. SIGNATURE OF OWNER: _____

THIS SECTION MUST BE COMPLETED

3a . Owner's Social Security Number (SSN)/Taxpayer Identification Number (TIN): _____/_____/_____

Under penalty of perjury, I certify that (1) The above number is my correct SSN/TIN and (2) I am not subject to backup withholding because (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or (C) The IRS has notified me that I am no longer subject to backup withholding. You must strike out (2) of the above if you are subject to backup withholding.

3b . I understand that there are penalties for not paying enough tax during the year, through insufficient withholding or estimated tax payments.

CHECK ONE: Do not withhold federal income tax on any taxable portion of payments.
 Withhold 15% federal income tax on any taxable portion of payments.
 Withhold \$ _____ federal income tax from any taxable portion of payments.

Dated at _____ City _____ State _____ This _____ day of _____ Month _____, _____ Year

Signature of Witness

Signature of Owner