

Cash Surrender Value Request

I, _____, insured under policy number _____, request this policy be cancelled/surrendered in exchange for its cash value and the cash value of any rider, if applicable. Any indebtedness on this policy to one of the affiliates of American Enterprise Group, Inc. (the "Company") will be deducted from the cash value.

I certify that there are no assignments now outstanding against this policy and that I have full and absolute control of this policy. I surrender all rights and benefits under this policy and release the Company from all obligations thereunder to me and my beneficiaries.

I certify that the policy specified above has been lost or destroyed. I agree to indemnify and hold harmless the Company against any claims which may be asserted on my behalf and on behalf of my heirs, assigns, legal representatives, or any other person claiming rights derived through me against the Company on the basis of the policy.

I certify that I am the sole owner of this policy and no insolvency or bankruptcy proceedings have been instituted or are pending against me. Under penalties of perjury, I certify that my correct Social Security Number is listed below and that I am not subject to back-up withholding.

Signed at _____ this _____ day of _____, 20 _____
City *State*

_____ <i>Policyowner</i>	_____ <i>Social Security No.</i>	_____ <i>Witness</i>
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_____ <i>Spouse (required in community property state)</i>	_____ <i>Social Security No.</i>	_____ <i>Witness</i>
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_____ <i>Co-owner, Assignee, or Irrevocable Beneficiary</i>	_____ <i>Social Security No.</i>	_____ <i>Witness</i>
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Send check to: _____
Address *City* *State* *ZIP Code*

Important Tax Question – Please Read Carefully

Internal Revenue Code Section 3405 (b) (2) (A) requires us to withhold 10% of the taxable gain. For example, if the taxable gain were \$100, we would withhold \$10 and send it to the IRS. You would receive \$90. Any amount withheld should be taken as a tax credit on your Income Tax Return for the year in which the withholding occurs.

If you want to receive all of the money, and you don't want us to withhold the 10%, you'll be liable for payment of federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, aren't adequate.

Please indicate below how you want us to handle the withholding.

_____ I **do not** want you to withhold 10% of the taxable gain from this policy.

_____ I **do** want you to withhold 10% of the taxable gain from this policy.

Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that a community property interest does not exist, and the Company assumes no responsibility for further inquiry regarding the status of such interest. The insured and/or policyowner signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

Policies issued in Oregon may not be canceled, modified, terminated or allowed to lapse after a petition for marital annulment, separation or dissolution is filed and upon service of summons and petition, until a final decree or judgment is issued, the petition is dismissed or until further order of the court.