



**GCU**

5400 Tuscarawas Rd, Beaver PA, 15009

P 1.800.722.4428 F 724-495-3421 E info@GCUusa.com

### Annuity Surrender Form

First Name: \_\_\_\_\_ Certificate Number(s): \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

(\*Is this a new address?  Yes  No) Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*\*Address changes will result in a delay of processing time for member security verification purposes.*

**Agreement for Cash Surrender:**

I am requesting a full cash surrender of my certificate in accordance with the provisions in my annuity certificate. Surrender charges may be applicable.

**Election to Withhold Taxes:**

*(Tax section must be completed)*

- I elect not to have income tax withheld.
- I elect to have a flat amount of income tax withheld \$ \_\_\_\_\_.
- I elect to have income tax withheld equal to \_\_\_\_\_% of taxable amount.

**NOTE: If you do not make one of the selections above, GCU must withhold the mandatory 28% as set forth by Internal Revenue Service regulations.**

**Please Process as:**

- Paper check
- Direct deposit. *(If direct deposit info is not on file or attached, paper check will be disbursed.)*

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(W-9 Form must accompany this surrender form.)*

*(Original certificate must be returned with this request. If your certificate is lost, sign the Lost Certificate Statement section below.)*

**Lost Certificate Statement**

I hereby certify that the certificate issued to me by GCU has been lost and it is not in the possession of anyone or assigned to anyone.

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> <b>See Specific Instructions on page 3.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	<b>2</b> Business name/disregarded entity name, if different from above		
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____		<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
<b>6</b> City, state, and ZIP code			
<b>7</b> List account number(s) here (optional)			

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>	
-	
-	
<b>or</b>	
<b>Employer identification number</b>	
-	

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); 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 as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



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## Authorization for Direct Deposit into a Checking Account

*(For transferring funds from your GCU account to your Financial Institution)*

New Request    Change to Existing    Cancel Existing

First Name: \_\_\_\_\_ Certificate Number(s): \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

\_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

(Is this a new address?  Yes  No) Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Financial Institution's Name: \_\_\_\_\_

Financial Institution's Phone: \_\_\_\_\_

Please complete the following information:

Desired Frequency of Direct Deposit:

Monthly    Quarterly    Semi-Annually    Annually

**FOR DIRECT DEPOSITS**

**A Voided Check is Required.**

**PLEASE ATTACH HERE WITH TAPE.**

I hereby authorize GCU to initiate electronic payment entries and to initiate, if necessary electronic deposit entries and adjustments for any electronic entry in error to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until GCU has received written notification from me (or either of us) of its termination in such time and in such manner as to afford GCU and DEPOSITORY a reasonable opportunity to act on it.

**Owner's Signature Required** \_\_\_\_\_ **Date** \_\_\_\_\_