

Annuity Partial Surrender Request Form



First Investors Life Insurance Company

INFORCE SERVICES DEPARTMENT . Raritan Plaza I, P.O. Box 7836 . Edison, New Jersey 08818-7836 . 1-800-832-7783. www.firstinvestors.com

Contract Number: _____
Name of Owner: _____ (Phone#): _____
Name of Annuitant (if different than owner): _____
Owner's Current Address: _____

Date Received at
the Administrative
office:

A. Select one of the options below:

- Request a gross partial surrender in the amount of: \$ _____ (Gross = Amount before withholding taxes)
- Request a net partial surrender in the amount of: \$ _____ (Net = Amount after withholding taxes)
- Maximum amount allowed without incurring surrender charges.
- Required Minimum Distribution - RMD (applicable for IRA contracts).
- Partial 1035 exchange in the amount of: \$ _____
- Partial IRA Rollover or IRA Transfer in the amount of: \$ _____

B. Select the delivery method:

- Regular Mail FEDEX Standard overnight (\$18.00 charge) FEDEX Saturday Delivery (\$32.00 charge) To FIC

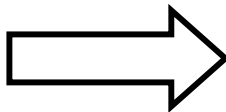
C. Select one of the delivery options: (N/A for 1035 exchanges or IRA transfers)

- To the owner's address of record.
- To the following address: _____
- To First Investors Corporation Account #: _____

Please note: The check will be made payable F/B/O the contract owner, even if it is sent to a different address than the one of record.

A Medallion Signature Guarantee or a Manager Signature Guarantee is required if the proceeds are sent to a different address than the one on record, if the address of record was updated less than 30 days prior to the partial surrender request, or if the partial surrender is greater than \$100,000.00. (Not applicable for residents of New Jersey).

Affix Medallion Signature Guarantee here. Stamps qualified for a specific date and/or individual or altered in any manner, may not be accepted.



For FIC Reps Only: I certify that all signatures that require a signature guarantee in this form are genuine.

_____ Reg. Rep #	_____ Registered Representative's Name (print)	_____ Registered Representative's Signature	_____ Date
_____ Reg. Rep #	_____ Principal's Name (print)	_____ Principal's Signature	_____ Date

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D. Tax Withholding Information:

This information is required to comply with applicable federal tax laws and to provide you with some basic information about withholding of Federal Income tax.

A partial withdrawal may result in a taxable gain reportable to the Internal Revenue Service (IRS). Generally, Federal withholding applies to taxable payments made from pension, profit sharing, stock bonus, annuity and other employer deferred compensation plans, individual retirement accounts (IRA), and commercial annuities. If you make a withdrawal before you reach age 59½, you also may be subject to a 10% penalty tax on any taxable gain. This would be in addition to any income tax you may be subject to on the taxable gain.

Even if you elect not to have Federal income tax withheld, you are liable for payment of such tax on the taxable portion of your payment.

Please consult your tax advisor for complete details and advice on IRS rules and your tax situation.

The undersigned understands that there are penalties for not paying enough tax during the year, through insufficient withholding or estimated tax payments.

- Do not withhold federal income tax from any taxable portion of payments.
- Withhold 15% federal income tax from any taxable portion of payments.
- Withhold \$_____ or _____ % of federal income tax from any taxable portion of payments.

E. Signature(s):

Under penalty of perjury, I certify (1) The number(s) listed below is the correct Social Security Number (SS#)/Taxpayer Identification Number (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 IRS that I am subject to backup withholding, or (c) the IRS has notified me that I am no longer subject to backup withholding.



Signature of Owner #1

SS or Tax I. D. #

Date



Signature of Owner #2 (if any)

SS or Tax I. D. #

Date

*****Original signature (ink only) must be submitted. Copies and/or faxes are not acceptable*****

Please refer to the chart for signature requirements:

Policy Owner:	Form must be signed by:	Additional requirements:
Trust	Trustee	Evidence that the Trust is in effect and of qualification of Trustee. (Certificate of Authority)
Minor	Guardian	Letters of guardianship
Assignee	Assignee	Corporate resolution
Corporation	Corporate officer	Corporate resolution

The form must be fully completed and mailed to the administrative office, Inforce Services Department, in order to process the request.