

Cornell University
Group Universal Life Insurance (GUL)
Surrender/Cancel Form

NYL GBS Customer Service Center
 Administered by Infosys McCamish Systems, LLC



GROUP BENEFIT SOLUTIONS



Please print (preferably in black ink).

Last Name		First Name		Middle Initial	Certificate No.
Mailing Address					Residence Telephone #
City				State	Zip Code
Social Security #	Date of Birth	Sex <input type="radio"/> Male <input type="radio"/> Female		Daytime Telephone #	

DIRECTIONS FOR COMPLETING THE SURRENDER/CANCEL FORM

1. Choose an option(s) for you and/or your spouse in the *Surrender/Cancel Election* section of the form.
2. Choose either of the options provided in the *Notice and Election of Federal Income Tax Withholding on Distributions* section of the form. If you do not choose an option, New York Life Group Benefit Solutions (NYL GBS) will automatically withhold, if applicable.
3. Sign, date and return your completed form to the address or fax number provided.

IMPORTANT INFORMATION REGARDING THE SURRENDER/CANCEL OF COVERAGE

This election indicates that all rights, privileges, and benefits under the certificate, except the right to receive the amount of cash *surrender* value, are hereby *canceled* . A surrender/cancel fee may be applicable. Please refer to the "SURRENDER" provision in your GUL Certificate.

This request will end your insurance coverage with NYL GBS. You may request to either have the net cash surrender value refunded to you in a check, less any applicable surrender/cancel fees, or transferred to another certificate you own. Any transfer of funds is subject to Administrative Fees, Premium Tax and IRS Guidelines.

This request to surrender/cancel the certificate will be effective the first of the month following NYL GBS's *receipt* of the completed, signed request.

Child(ren)'s coverage is a rider to the employee or spouse certificate of insurance. Child coverage will be canceled if the employee or spouse certificate to which it is a rider is canceled.

SURRENDER/CANCEL ELECTION

Employee Coverage (Check only one option):

- Surrender/Cancel **my coverage** and **refund** of any net cash surrender value.
- Surrender/cancel **my coverage** and **transfer** the funds to my Certificate number _____ in lieu of a refund.

Spouse Coverage (Check only one option):

- Surrender/cancel **my Spouse's coverage** and **refund** of any net cash surrender value.
- Surrender/cancel my Spouse's coverage and **transfer** the funds to my Certificate number _____ in lieu of a refund.

NOTICE AND ELECTION OF FEDERAL INCOME TAX WITHHOLDING ON DISTRIBUTIONS

The distribution you receive is subject to federal withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your distribution that is included in your income subject to federal income tax. Thus, there will be no withholding on the return of your premium payments that may be recovered tax-free. You may elect not to have withholding apply. **If you do not want to have federal income tax withheld from your distribution, select the appropriate box below. If no box is selected, NYL GBS will automatically withhold, if applicable.** Even if you elect not to have federal income tax withheld, you are 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, are not adequate.

- I do not want to have federal income tax withheld from my distribution
- I want to have federal income tax withheld from my distribution

AUTHORIZATION AND SIGNATURE

I authorize the above changes to my Group Universal Life Insurance and I make the tax withholding election indicated above. I authorize my employer to make the appropriate payroll deductions for changes noted above. (Does not apply to those being billed at their home).

Owner's Signature: _____ Date: _____

Without your signature we will be unable to process your request.

