

Annuity Forms Information Cover Sheet



Thank you for choosing Talcott Resolution. Enclosed you will find the form(s) you recently requested from one of our Annuity Service Specialists. Before completing the form(s), please read all instructions carefully.

Also keep in mind the following:

- Many forms can be faxed back to Talcott Resolution. If a transaction type is eligible, the fax number listed below may be used to submit your request. NOTE: Once your document has been faxed, please allow 2-3 hours for it to become available for viewing.
- In most cases, a notarization is not required. We may, however, request this once your form is received if the signature on the form does not match the signature we have on file or we do not have a signature on file for comparison.

Processing Time Frames

Variable Annuity Liquidation/Annuitization

If your completed form is received in good order prior to the close of the New York Stock Exchange, it will be processed the same day it is received and funds will leave Talcott Resolution the following business day. Please allow 7-10 business days for delivery via regular mail. Funds sent via EFT or wire should be posted to your bank account within 2-3 business days.

Fixed Annuity Liquidation/Annuitization

Once your completed form is received in good order, it will be processed within 7-10 business days and the funds will leave Talcott Resolution the following business day. Please allow 7-10 business days for delivery via regular mail. Funds sent via EFT or wire should be posted to your bank account within 2-3 business days.

Enrollment Forms (Automatic Income, Required Minimum Distribution, InvestEase)

Once your completed form is received in good order, it will be processed within 30 business days.

All Other Forms

Once your completed form is received in good order, it will be processed within 2-4 business days.

NOTE: Confirmations for all transaction types will be generated on the business day following the day your request is processed.

Fax Number and Mailing Addresses

We must receive your signed request in Good Order at our Administrative Office. If you choose to fax your request, use the fax number below. If you choose to mail overnight, please use our street address below. If you choose to use regular mail, we recommend using the PO Box address below.

Fax:	For private express mail with tracking number:	For standard mail delivery without tracking number:
1-860-380-3280	Talcott Resolution - Annuity Service Operations 6716 Grade Ln., Building 9, Suite 910 Louisville, KY 40213	Talcott Resolution - Annuity Service Operations P.O. Box 14293 Lexington, KY 40512-4293

Contact Information

Clients:	Investment Professional:	Online:
Call 1-800-862-6668	Call 1-800-862-7155	www.talcottresolution.com

Talcott Resolution consists of Talcott Resolution Life, Inc., a holding company for a group of insurance and non-insurance subsidiaries that administers life and annuity products previously sold or acquired. These insurance companies include Talcott Resolution Life Insurance Company, Talcott Resolution Life and Annuity Insurance Company, American Maturity Life Insurance Company and Talcott Resolution International Life Reassurance Corporation.

Annuities issued by Union Security Insurance Company or Union Security Life Insurance Company of New York are administered by Talcott Resolution Life and Annuity Insurance Company and Talcott Resolution Life Insurance Company, respectively.

Please do not return this page with the forms you are submitting.

Annuity Surrender Request



Use this form if you want to request a Full or Partial Surrender of your Annuity.

Do not complete this request without discussing it with your Investment Professional and reviewing your contract and prospectus.

Do not use this form if you want to request a:

- Required Minimum Distribution(s). Complete the Required Minimum Distribution request form.
- Non-Qualified 1035 Exchange (requires 1035 Exchange Form and Letter of Acceptance from the receiving company).
- Personal Pension Account (PPA) Payout(s). Complete the PPA Payout Request Form.
- Distribution(s) from a Personal Pension Account. Call for a Commutation Quote and to obtain the required form(s).

Important Information

Surrenders in excess of applicable withdrawal limits can severely affect the value of any guaranteed withdrawal benefit and/or guaranteed death benefit under your annuity contract. Such surrenders may reduce your benefits on a proportional basis rather than by the dollar amount actually surrendered and may also lock in your annual available withdrawal percentage and/or terminate your Deferral Bonus. You may contact us for a calculation showing the impact of your surrender. See your annuity contract and prospectus or rider for more information on withdrawal limits.

403(b) Important Information

If your contract is a 403(b), you also need to fill out form LQ-1033, the 403(b) Disclosure Form. Please include this form with your request; otherwise your request will not be in good order.

If you have borrowed money from your 403(b) annuity and have not yet paid all of the money back, there may be restrictions on any withdrawals from your 403(b) annuity. Please speak with your Investment Professional or call us for more information.

On Fixed Index annuities, since we credit any index interest at the end of each 12-month Interest Crediting Period, any surrender or annuitization made during the Interest Crediting Period will not receive any index interest that might otherwise be earned on that amount.

For each partial surrender, we reduce the Guaranteed Contract Value in the same proportion that the amount surrendered reduced the Contract Value. This could result in reductions to the Guaranteed Contract Value larger than the amount of the partial surrender.

The maximum amount you can surrender each year without paying Contingent Deferred Sales Charges (CDSC) is outlined in your annuity contract and prospectus.

The Nursing Home Certification/Sales Charge Waiver must be completed and submitted with this form in order to request a waiver of the Contingent Deferred Sales Charge (CDSC) on a Full or Partial Surrender. The terms of this waiver are subject to product and state availability. See your contract and prospectus for the Sales Charge Waiver requirements.

Terminal Illness Waiver - Surrender Charges will be waived on a request for a full or partial surrender received after the first Contract Anniversary if the owner is diagnosed with a terminal illness (life expectancy of 12 months or less). To be eligible for this waiver, you must provide a letter from a qualifying medical professional affirming that the owner has been diagnosed with a terminal illness that has a life expectancy of 12 months or less as well as additional documentation proving the terminal condition. See your contract and prospectus for the Sales Charge Waiver requirements.

Partial Variable Annuity Surrender: A proportional Distribution Charge, if applicable to your contract, will be assessed on all surrenders that exceed the Annual Surrender Amount for the contract year.

Reinstatements of a Full or Partial Surrender on Variable Annuity Contracts are not allowed (excluding surrenders subject to New York Regulation 60).

If you elected the Future5SM, Future6SM or Daily Lock Income BenefitSM Riders, a partial surrender taken prior to the end of the Deferral Period, if applicable, will revoke your eligibility for future Deferral Bonus increases.

IRC 72(t)/(q) Income Program - If enrolled in an IRC 72(t)/(q) Program (to avoid paying a retroactive federal 10% tax penalty) and are fulfilling obligations under this program by receiving Automatic Income Program distributions from your Annuity Contract, please note the following: Taking an additional surrender or making any changes to the series of substantially equal periodic payments that you are receiving within 5 years of the date of your first payment or before you reach age 59 1/2 (whichever is the latter of the two) will create significant adverse tax consequences.

If an additional surrender is processed from an Annuity Contract that has an active 72(t)/(q) Program, your series of substantially equal period payments will change any current and future distributions. You will no longer be able to avoid paying the federal 10% penalty tax. We will then report the surrender as a modification to the program. Future taxable payments from your annuity contract will be reported to the IRS as premature withdrawals and subject to the 10% penalty tax. Please consult with your tax advisor before submitting this completed form to us.



Contract number														Annuitant's name (if different from the contract owner)													
<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>														Contract owner's Social Security or Tax Identification Number													
Contract owner's name														<div> <div></div> <div></div> </div>													
Joint Contract owner's name														Contract owner's telephone number (area code first)													
Contract owner's email address																											
<div>Contract owner is a</div> <div> <div></div> U.S. citizen <div></div> Resident Alien </div>																											
<p>If the Contract Owner is a Nonresident Alien or Foreign Entity please select the statement(s) that apply(ies):</p> <p>For a Nonresident Alien or Foreign Entity, a 30% tax withholding rate will apply (unless the country of residence or incorporation has a lower tax treaty rate and a valid IRS Form W-8 has been submitted). Examples of a Foreign Entity include: Foreign Corporation, Foreign Partnership, and Foreign Trust. Select the option below that applies and attach the appropriate version of the IRS Form W-8. You can obtain the Form W-8 from the IRS web site at http://www.irs.gov.</p> <div> <div></div> Owner is a Nonresident Alien <div></div> Owner is a Foreign Entity </div>																											

Section B - Process date

_____/_____/_____
(month) (day) (year)

If no instructions are provided, the request will be processed immediately. If the date requested falls on a weekend or holiday, the request will be processed the next business day.



Section C - Surrender instructions for Full liquidation

Complete for Variable contracts	Complete for Fixed contracts
<input type="checkbox"/> Full Surrender (Proceed to section F)	<input type="checkbox"/> Full Surrender If you do not select one of the two calculation methods below we will process your withdrawal using Method #2 (not available for CRC Select). Current interest rates play an important role in determining how the Interest/Market Value Adjustment is determined. If the credited interest rate of your current Guarantee Period is higher than or the same as our current credited interest rate, the Interest/Market Value Adjustment will increase the amount you receive. If the credited interest rate of your current Guarantee Period is lower than our current credited interest rate, the Interest/Market Value Adjustment will lower the amount you receive. You may call us for a quote using both methods as a comparison. <input type="checkbox"/> Method #1 - Take out my annual free withdrawal amount and then assess any applicable surrender charge, Market Value or Interest Adjustment, and/or Surrender Charge Adjustment on the remaining amount. The annual free withdrawal amount plus the remaining amount after assessment of charges will be paid to you. <input type="checkbox"/> Method #2 - Assess any applicable surrender charge, Market Value or Interest Adjustment, and/or Surrender Charge Adjustment on the entire amount.

Section D - Surrender instructions for Partial liquidation

Complete for Variable contracts	Complete for Fixed contracts
<input type="checkbox"/> Partial Surrender 1. Indicate your surrender amount. Select option a, b or c below (see page 1, 'Important Information'). a. <input type="checkbox"/> The maximum annual amount allowed under the optional rider I have elected (referred to as the Benefit Payment or Lifetime Benefit Amount) Note: this option is only available if you have the Principal First, Principal First Preferred, Lifetime Income Builder, Lifetime Income Builder II, Lifetime Income Foundation, Lifetime Income Builder Selects, Lifetime Income Builder Portfolios, Return of Premium, MAV III, Future5, Future6, Safety Plus, Daily Lock Income Benefit or Legacy Lock on your contract. See your prospectus and contract rider for more information regarding surrender limits allowed under certain optional benefit riders to ensure that you do not exceed permissible limits.	<input type="checkbox"/> Partial Surrender Please note that your contract details the maximum amount that you can withdraw from your annuity contract each year without paying sales charges and adjustment fees. If you want to withdraw more than the annual withdrawal amount you may have to pay a Contingent Deferred Sales Charge, a Market Value Adjustment charge, or a Surrender Charge Adjustment. Please refer to your contract or speak with your investment professional for more information. Please select one option from each section as appropriate. Please note: if you select the interest only option from number 1 below you have completed Section F and can move to the next section of the form. 1. Please withdraw (check one option only) <div style="margin-left: 20px;"> <input type="checkbox"/> the maximum surrender amount of this annuity not subject to Contingent Deferred Sales Charges or a Market Value Adjustment (minus any tax withholding elections and wire or overnight fees) or <input type="checkbox"/> the following amount (please specify amount in box and go to #2 below) </div> <div style="margin-left: 20px;"> \$ _____ </div>



Section D - Surrender instructions for Partial liquidation (continued)

Complete for Variable contracts	Complete for Fixed contracts
<p>b. <input type="checkbox"/> The maximum surrender amount of this annuity not subject to Contingent Deferred Sales Charges (minus any tax withholding elections and wire or overnight fees) or</p> <p>c. <input type="checkbox"/> Other (indicate dollar amount)</p> <p>\$ _____</p> <p>If you have selected option c above, select one of the following options for determining the amount of your check. Check one option only. If no option is selected we will deduct the CDSCs from your remaining Contract Value (Net of charges method). That amount will also be subject to CDSCs.</p> <p><input type="checkbox"/> Gross surrender method - deduct any applicable charges, tax withholding elections, and wire or overnight fees from the amount I have requested above, or</p> <p><input type="checkbox"/> Net of charges method - deduct ONLY tax withholding elections, and wire or overnight fees from the amount I have requested above, then surrender any applicable charges from my annuity contract, or</p> <p><input type="checkbox"/> Net surrender method - send me the amount I have requested above. Deduct any applicable charges, tax withholding elections, and wire or overnight fees from my annuity contract</p>	<p>2. Process my withdrawal using the the following calculation method (check one option only and then go to #3 below (not available for CRC Select)</p> <p><input type="checkbox"/> withdraw the free withdrawal amount then assess any applicable surrender charge, Market Value Adjustment, and/or Surrender Charge Adjustment on the remaining amount, or</p> <p><input type="checkbox"/> assess applicable surrender charge, Market Value Adjustment, and/or Surrender Charge Adjustment on the entire amount</p> <p>3. I want you to use the following method for determining the amount of my check (check one option only; if no option is selected, we will process your request as outlined in your contract)</p> <p><input type="checkbox"/> Gross surrender method - deduct any applicable charges, tax withholding elections, and wire or overnight fees from the amount I have requested above, or</p> <p><input type="checkbox"/> Net of charges method - deduct ONLY tax withholding elections, and wire or overnight fees from the amount I have requested above, then surrender any applicable charges from my annuity contract, or</p> <p><input type="checkbox"/> Net surrender method - send me the amount I have requested above. Deduct any applicable charges, tax withholding elections, and wire or overnight fees from my annuity contract</p>

Complete for Variable contracts

2. Indicate how you want your funds withdrawn.

If you have an optional benefit rider, surrenders not taken proportionately (pro rata) from each of the current investments may result in a reset or revocation of the rider. Any surrender(s) distributed proportionately will exclude the Dollar Cost Averaging (DCA) Bonus Program and the Personal Pension Account (PPA). See your annuity contract and prospectus or consult with your investment professional for further details.

If no option is selected, funds will be withdrawn proportionately from all current investments.

- ☐ Proportionately (pro rata) from each of my current investments.
- ☐ Equally from each of my current investments. I understand that if the investments cannot support an equal surrender then my request will be processed proportionately.
- ☐ As specified in the following table. I understand that if the investment(s) listed below cannot support the specified surrender, then my request will be processed proportionately from each of my current investments.

List the name of the investment and either the dollar amount or percent to be withdrawn from each. We will only accept whole percentages (e.g. 12%, 88%) and it must total 100%.



Section D - Surrender instructions for Partial liquidation (continued)**Complete for Variable contracts**

Name of Investment	Dollar Amount	or	Percentage
	\$	or	%
	\$	or	%
	\$	or	%
	\$	or	%
	\$	or	%

Section E - Update Automatic Income Program (If applicable)

A partial surrender from your annuity may require you to modify future Automatic Income Program payments.

Once the available free surrender amount of your annuity has been surrendered, any further surrenders may require you to pay a Contingent Deferred Sales Charge (CDSC). Continuing to surrender the same gross amount from your annuity contract via Automatic Income Program payments may result in a lower payment if a CDSC is assessed.

Your permissible partial surrender amount under your rider may increase or decrease each year. Enrolling in the Automatic Income Program provides a static payment that may exceed allowed rider limits or may be lower than your permissible amount. You must contact us to update your Automatic Income Program amounts each year to avoid these situations. If you do not initiate a change, you may violate the terms of your rider.

Select one of the following:

- ☐ Resume Automatic Income Program payments after the next contract anniversary, as scheduled (this option will apply if none of the options are chosen).
- ☐ Make no changes to the Automatic Income Program [if you are enrolled in an Automatic Income Required Minimum Distribution (RMD) Program this option is not available, see below].*
- ☐ Send the same net payment amount I am receiving now under the Automatic Income Program by surrendering a higher amount from my annuity contract.*
- ☐ Continue to surrender the same gross amount from my annuity contract. I understand that my payment may be lower if I am required to pay a CDSC.*
- ☐ Discontinue my payments under the Automatic Income Program indefinitely.

* Note: if you are enrolled in the Automatic Income Required Minimum Distribution (RMD) Program, taking any partial surrenders will proportionately reduce the remaining RMD amount for the current tax year. If the partial surrender satisfies the RMD amount for the current tax year, it will postpone the process date until the next tax year.



Section F - Delivery options (required)

Complete only one of the following delivery options.

If no selection is made below, a check will be sent by regular mail to the address of record.

1. Electronic Funds Transfer (EFT) - A copy of a voided check is required.

Allow 2-3 business days for receipt.

Attach a voided check below. If a voided check is not available a letter of instruction from your bank may be provided. The letter must be on bank letterhead and include: the bank account owner(s) name, routing number, account number, and signature of an authorized representative from the bank. The representative signing must indicate their title.

Financial Institution Name

Tape voided check here

The diagram shows a check with the following fields and labels:

- Name on bank account**: Street address, City, State ZIP
- Check no.**: 1234
- Date**: _____
- PAY TO THE ORDER OF**: _____
- \$**: _____
- DOLLARS**: _____
- FOR**: _____
- Routing Number**: 123456789
- Account Number**: 55555555 5555 1234

A large "VOID" watermark is centered over the check.

You confirm that the use of the Automated Clearing House (ACH) Network will not result in transfers to or from a financial institution outside of the United States. You understand and agree that it is your responsibility to notify the company of any changes that would result in funds being sent to or from a financial institution outside of the United States. You further understand and agree that any such change will require me to use an alternative to ACH, such as check or wire, for future transactions.

You hereby authorize your wireless operator (AT&T, Sprint, T-Mobile, US Cellular, Verizon or any other branded wireless operator) to use your mobile number, name, address, email, network status, customer type, customer role, billing type, mobile device identifiers (IMSI and IMEI) and other subscriber status details, if available, to allow verification of your identity and to compare information you have provided to The Company with your wireless operator account profile information for the duration of the business relationship.

A check will be mailed to the address of record if any of these conditions occur:

- Voided check/letter from the bank is not attached.
- Voided check does not include a pre-printed name, address, routing number and bank account number.
- Voided check is a starter check (not permitted).
- Letter from the bank does not meet the requirements above.
- Request is to EFT funds to a bank account not in the name of our contract owner(s) (not permitted).
- Request is to EFT the funds to a third party (not permitted).
- Request is to EFT the funds to a savings account (not permitted).
- Request is to EFT the funds to a foreign bank (not permitted).

Section F - Delivery options (continued)

2. Mail a check - Select Regular or Express Mail. All checks must be sent to the address of record for your contract. Checks cannot be sent to alternative addresses.

<input type="checkbox"/> Regular Mail - Allow 7-10 business days for receipt.	<input type="checkbox"/> Express Mail - Allow 2 business days for receipt. Express mail is not available for P.O. Box or International addresses. Standard shipping rates apply; charges are based on 2-day shipping carrier rates. Rates are subject to change based on the express mail carrier.
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3. Qualified Transfer/Rollover - For Qualified Contracts Only

<input type="checkbox"/> IRA to IRA Direct Transfer		<input type="checkbox"/> Transfer/Rollover to another eligible Qualified Plan	
Receiving Company's Name (check will be made payable to)		Receiving Company Account Number	
		Receiving Company Plan Type	
<input type="checkbox"/> Regular Mail. Allow 7-10 business days for receipt.		<input type="checkbox"/> Express Mail - Allow 2 business days for receipt. Express mail is not available for P.O. Box or International addresses. Standard shipping rates apply; charges are based on 2-day shipping carrier rates. Rates are subject to change based on the express mail carrier.	
Address			
City		State	ZIP Code

4. Send Funds Directly to the Custodial Owner - For Qualified Contracts Only

Client's Custodial Account Number at the Firm

- Option only available for Qualified Contracts owned by a Custodian.
- Funds will be sent directly to the firm per the custodial agreement.
- For distributions from a Qualified Plan (excluding Direct Transfers) - A check will be mailed to the plan's address of record for tax reporting purposes. Examples of Qualified Plans include: 401(k), 401(a), MPP, PSP, Individual K, Keogh, HR10, 457, Defined Benefit, Deferred Compensation, and Key Plans.

5. Non-Qualified Brokerage Account Transfer - For Non-Qualified contracts only (this is not for a 1035 Exchange)

Brokerage Firm Name (check will be made payable to)		Brokerage Account Number	
<input type="checkbox"/> Regular Mail. Allow 7-10 business days for receipt.		<input type="checkbox"/> Express Mail - Allow 2 business days for receipt. Express mail is not available for P.O. Box or International addresses. Standard shipping rates apply; charges are based on 2-day shipping carrier rates. Rates are subject to change based on the express mail carrier.	
Address			
City		State	ZIP Code



Section G - Federal income tax withholding instructions (required)

This section is not applicable for custodially-owned, employer-owned 401(a)/401(k), pension/profit sharing, and 457 plans. The custodian, trustee, or plan administrator is responsible for income tax reporting. Proceed to Section I.

Federal income tax withholding (Substitute W4-P: OMB No. 1545-0074)

Federal tax law requires us to withhold 10% of the taxable amount of your surrender request for lump sum payments unless you tell us not to. Even if you tell us not to withhold taxes, you may have to pay federal and state income taxes on the taxable portion of your surrender. You may also have to pay tax penalties if your estimated tax withholding is not adequate. Your signature on this form acknowledges that you have read this information about income tax withholding and that the social security or taxpayer identification number that you wrote on this form is correct.

If you are a Nonresident Alien and you are requesting a reduced tax withholding rate, you must give us your Individual Taxpayer Identification Number (ITIN). You must also send us a completed IRS form W-8BEN to certify your foreign status. We will withhold 30% federal income tax from the taxable amount of your surrender if you are claiming reduced withholding under a tax treaty and there is no applicable tax treaty, or you do not provide us with an ITIN. Foreign Entities must provide the appropriate IRS Form W-8 (e.g. Form W-8BEN-E or other appropriate Form W-8) prior to payment. If required by law, we may withhold 30% from any taxable payment in accordance with applicable requirements such as The Foreign Account Tax Compliance Act (FATCA) and applicable regulations.

The amount redeemed is subject to federal and state (if applicable) income tax and may be subject to a 10% premature distribution penalty tax if taken prior to age 59 1/2. See your annuity contract and prospectus for details.

Federal income tax withholding instructions - Select only one option.

The combined federal and state withholding cannot equal the total distribution or 90% of the taxable portion.

If no option is selected below, federal tax law requires us to withhold 10% of the taxable portion.

- ☐ Do not withhold any money
- ☐ Withhold 10%
- ☐ Withhold the following dollar amount \$ _____
- ☐ Withhold the following percentage (must be whole percentage) _____ %

Section H - State income tax withholding instructions (required)

This section is not applicable for custodially-owned, employer-owned 401(a)/401(k), pension/profit sharing, and 457 plans. The custodian, trustee, or plan administrator is responsible for income tax reporting. Proceed to Section K.

State income tax withholding instructions - Select one option only.

The combined federal and state withholding cannot equal the total distribution or 90% of the taxable portion.

If you reside in a state which requires mandatory tax withholding (or requires withholding if federal income tax is withheld), then state income tax withholding will apply even if you elect 'Do not withhold taxes'. If you elect state withholding but fail to provide a dollar amount or percentage to be withheld, we will withhold the "default" amount prescribed by your state (or 5% if your state does not prescribe such "default"). We may not withhold if prohibited by your state. Our State Tax Withholding Notice is available on our website at www.talcottresolution.com.

- ☐ Do not withhold any money
- ☐ Withhold the following dollar amount \$ _____
- ☐ Withhold the following percentage (must be whole percentage) _____ %



Section I - Signatures (required)

Signature Requirements:

- All signatures provided must meet the following requirements.
- Associated documentation must be submitted with this request if not previously provided.
- Failure to meet the signature requirements may delay the processing of your request.
- This form is valid for one time use only. A newly signed and dated Variable Annuity Surrender Request form must be submitted for every distribution request. Altering a previously submitted form is not permitted.

Owner(s) - If there are joint contract owners, both contract owners must sign below. A notarized signature may be required if we are unable to verify an owner's signature.

Trustee(s) - All trustees must sign the request unless otherwise specified in the Talcott Resolution Trustee Certification form CU-1018. The Talcott Resolution Trustee Certification form must be submitted with all trustees' signatures.

Custodian or Plan Administrator - A Corporate Resolution, Talcott Resolution Non-Natural Owner Acknowledgement Form CU-1011, or supporting documentation must be provided identifying who is authorized to sign.

Guardian or Conservator - Notarized signature(s) and a Court Order appointing you as Guardian/ Conservator and the Letters of Guardianship/Letters of Conservatorship issued by the court must be submitted.

Attorney-in-Fact - Notarized signature(s) and a complete copy of the most recent Power of Attorney agreement must be submitted.

Collateral Assignee - Must be signed by current collateral assignee and provide supporting documentation identifying who is authorized to sign on behalf of the bank.

Executor/Executrix - All named executors must sign unless otherwise specified in the Letters of Testamentary/Letters of Administration. The Letters of testamentary/Letters of administration must be submitted along with the request.

Other signature requirements - For circumstances involving minors, UGMA/UTMA, third party administrators, etc. contact one of our Annuity Specialists for appropriate signature requirements.



Section I - Signatures (continued)

Under penalties of perjury, I certify that:

- 1) the number shown on this form is my correct Social Security Number or Taxpayer Identification Number, 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 (including a U.S. Resident Alien) as defined in the instructions to the IRS Form W-9, and
- 4) I am exempt from FATCA reporting (if applicable).

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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and, in the state of New York, shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature	<i>Notarization [required for Attorney-in-Fact (POA), Guardian or Conservator]</i>
Print Name	
Title (if applicable)	
Date of Signature _____/_____/_____ (month) (day) (year)	

Signature	<i>Notarization [required for Attorney-in-Fact (POA), Guardian or Conservator]</i>
Print Name	
Title (if applicable)	
Date of Signature _____/_____/_____ (month) (day) (year)	

Please refer to the Annuity Forms Information Cover Sheet for our addresses and contact information.

Talcott Resolution consists of Talcott Resolution Life, Inc., a holding company for a group of insurance and non-insurance subsidiaries that administers life and annuity products previously sold or acquired. These insurance companies include Talcott Resolution Life Insurance Company, Talcott Resolution Life and Annuity Insurance Company, American Maturity Life Insurance Company and Talcott Resolution International Life Reassurance Corporation.

Annuities issued by Union Security Insurance Company or Union Security Life Insurance Company of New York are administered by Talcott Resolution Life and Annuity Insurance Company and Talcott Resolution Life Insurance Company respectively.

