



Questions? Call our Service Center at 1-800-888-2461.

## Instructions

**This form must accompany each withdrawal requested under the Surrender Charge Waiver option.** Certify your reason for waiver and have your physician complete and sign the Physician's Statement Section. You may reference the definition of the waiver provided or your Contract for more details. Please type or print.

### 1. Provide General Contract Information

**Contract Number** \_\_\_\_\_

**Name of Owner** \_\_\_\_\_  
First MI Last

**Mailing Address** \_\_\_\_\_  
Street Address City State Zip Code

**Social Security Number/Tax I.D. Number** \_\_\_\_\_

**Daytime Phone Number** \_\_\_\_\_ **Home Phone Number** \_\_\_\_\_

### 2. Disability Certification

**Date of Birth** \_\_\_\_\_  
(mm/dd/yyyy)

**Nature of disability:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that:

- (1) I am unable, because of physical or mental impairment, to perform the material and substantial duties of any occupation for which I am is suited by means of education, training or experience;
- (2) The impairment has been in existence for more than 180 days; and
- (3) I have not yet attained the age 65 and became so impaired after the Contract Date. (Does not apply to Premier Choice)

**X** \_\_\_\_\_  
Signature of Owner Date (mm/dd/yyyy)

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3. Physician's Statement

Physician's Name \_\_\_\_\_  
First MI Last

Physician's Address \_\_\_\_\_  
Street Address City State Zip Code

Physician's Phone Number \_\_\_\_\_

I, \_\_\_\_\_  
Physician's Name  
a duly licensed physician, hereby certify that

Owner's Name \_\_\_\_\_

☐ has a physical or mental impairment (disability), which is expected to result in death or be long-standing and indefinite.

Date disability or illness was diagnosed \_\_\_\_\_  
(mm/dd/yyyy)

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

X \_\_\_\_\_  
Signature of Physician Date (mm/dd/yyyy)

**Mail to:**

First Security Benefit Life Insurance and Annuity Company of New York | Administrative Office

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Fax to: 785.368.1772

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