

Free Look Request Form



MERIT LIFE INSURANCE CO. | 1900 SOUTH BLVD., SUITE 300 | CHARLOTTE, NC 28203 | 833-637-4854

General Information:

Please review the Notice of Right to Examine Contract provision ("Free Look") and determine the time frame and refund amount applicable to your contract.

Changes are considered effective when they are received, deemed in good order and acknowledged by us in writing.

1. Ownership Information

Contract Number	Receipt Date (mm/dd/yyyy)
Owner (First, Middle, Last Name)	
Joint Owner (First, Middle, Last Name, if applicable)	

2. Disbursement of Funds

By submission of this request form, I am exercising the Free Look provision of my annuity contract.

<input type="checkbox"/> Please return the Free Look proceeds directly to me via check to my address of record. I understand that any amount distributed directly to me will be tax reported on IRS Form 1099-R for the year in which the distribution occurred and may result in a taxable event. You should consult with your independent tax and/or legal advisors before proceeding.
<input type="checkbox"/> Please return the Free Look proceeds directly to me via Electronic Funds Transfer to the bank account currently on record. I understand that any amount distributed directly to me will be tax reported on IRS Form 1099-R for the year in which the distribution occurred and may result in a taxable event. You should consult with your independent tax and/or legal advisors before proceeding.
<input type="checkbox"/> Please return the Free Look proceeds to the surrendering carrier. I have informed the surrendering carrier that these funds will be returned.

If no option is chosen above, the proceeds will be returned based on the origination of the funds.

3. Reason for Free Look Request

Please provide the reason for this Free Look request

4. Declaration

- I am requesting that Knighthead Life cancel the contract noted above under the free look option and certify that I have returned or destroyed the original contract. I am aware that this will terminate all my rights and interest under the contract.
- I am aware that the return of payment proceeds under the terms elected above will constitute a full and final discharge of Knighthead Life's obligations under the contract.
- I further declare that the details provided in this form are correct and accurate to the best of my knowledge.
- I understand that there may be tax implications, including tax reporting and withholding, because of this request, that cannot be reversed once processed.
- I understand that the distribution may be subject to taxation and an additional 10% federal income tax penalty.

Signature of Owner	Date (mm/dd/yyyy)
Signature of Joint Owner (if applicable)	Date (mm/dd/yyyy)

This form can be submitted via:
U.S. or Overnight Mail
Knighthead Life
1900 South Boulevard, Suite 300
Charlotte, NC 28203

Fax: 980-431-5237 or Via Email: customerservice@knightheadinsurance.com

For any questions, please contact our National Operations Center at: (833) 637-4854