

DISTRIBUTION OR SURRENDER STATEMENT

Insured's Name	Social Security	Pólícy number
	/ /	
E-mail:		

I, _____, request the surrender of the Gross Net amount of \$ _____ dollars of my **Variable Premium Annuity (VPA)** with **Triple-S Vida, Inc.**

Surrenders and Distributions Types

- 1- **INTEREST PAYMENT:** We will pay interest annually or monthly to the beneficiary, as chosen. We will pay the interest on the product at a guaranteed rate according to the interest specified in the annuity. You may surrender the unpaid products and interest in full at any time.
- 2- **PAYMENT FOR SPECIFIC AMOUNT:** We will pay annual or monthly installments until the product plus interest has been fully paid. We will pay interest on the product at a guaranteed rate according to the interest specified in the annuity. You may surrender the present value of any payment at any time.
- 3- **PAYMENT FOR A SPECIFIC PERIOD:** The payment of the product may be in equal annual or monthly installments for a specific number of years. The payment will include interest at a guaranteed rate according to the interest specified in the annuity. You may surrender the present value of any unpaid installment at any time.....
- 4- **LIFETIME INCOME:** We will pay an income during the beneficiary's life. You may choose a period of guaranteed minimum payment. The payment you will receive during this period includes interest on the product at a guaranteed rate according to the interest specified in the annuity.....
- 5- **PURCHASE OF AN ANNUITY:** You may use the product of the policy as a lump sum premium for purchasing any immediate life annuity issued by us.
- 6- **PAYMENT OF IRREGULAR INSTALLMENTS:** The payable payment upon surrender of the policy before the owner turns 25 years old will be payable to the owner according to irregular installments options (subject to the surrender options stipulated below)
 - a. Twelve (12) monthly payments during four (4) consecutive years.
 - b. Ten monthly payments per year during four (4) consecutive years.
 - c. Twelve (12) monthly payments per year during two (2) consecutive years.
 - d. Ten monthly payments per year during two (2) consecutive years.
 - e. Eight (8) semiannual payments.
 - f. Four (4) semiannual payments.
 - g. Four (4) annual payments.
 - h. Two (2) annual payments.
 - i. Other. Any other payment of irregular installments agrees between you and us for a period not exceeding five (5) years.

* All payments begin three (3) months after the policy's surrender.
- 7- **LUMP-SUM:** The payment of the total balance in a single check.
- 8- **PARTIAL SURRENDER:** The payment in an amount specified by the insured other than an entire balance.....

Chosen Option - Comments: _____

_____	_____	_____
Insured / Owner / Irrevocable Beneficiary	Date	Identification Num.
_____	_____	_____
Witness' name and signature	Date	Witness' Identification Num.

OATH – ONLY IF REQUESTED BY TRIPLE-S VIDA, INC.

AFFIDAVIT NUM. _____

Sworn and subscribed before me by _____, of the personal circumstances mentioned above and whom I attest to having identified through _____.

At _____, _____, on _____ of _____ of 20____.

City Country Day Month Year

NOTARY

EXCLUSIVE USE OF THE COMPANY

Debit Num. or Service Representative _____

Representative receiving the change _____

Official, Manager or District Representative

District Office _____

Date: _____

Home Office Approval Seal and Service Representative
Signature who approved the change,

IMPORTANT: Confirm that the person who signed is the insured (or owner, if different from the insured), or an insured's legal representative if the insured is underage.

I certify that the information contained herein is correct to the best of my knowledge and belief.

VERIFIED BY:

_____	_____	_____	_____
Authorized Representative	Debit	Date	Supervisor
_____	_____	_____	_____
Manager		Date	