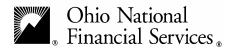
The Ohio National Life Insurance Company Ohio National Life Assurance Corporation



Post Office Box 237 Cincinnati, Ohio 45201-0237 Telephone: 1.800.366.6654

Surrender Request Form			
☐ The Ohio National Life Insurance Company ☐ Ohio National Life Assurance Corporation			
Policy Number(s)	Insure	ed	Owner (If other than Insured)
			Name
			Address
			Mailing Address if different DOB
Withholding Election			DOB
Instructions: Check box A if you do not want any Federal income tax withheld from your distribution.			
Check box B if you want to have withholding apply.			
The distribution or withdrawal you receive from Ohio National is subject to Federal income tax withholding unless you elect not to have			
withholding apply.			
If you elect not to have withholding apply to your distribution or withdrawal payment, or if you do not have enough Federal income tax withheld from your distribution or withdrawal payment, you may be responsible for payment of estimated tax. You may incur penalties			
under the estimated tax rules if your withholding and estimated tax payments are not sufficient.			
Withholding will only apply to the portion of your distribution or withdrawal that is included in your income subject to Federal income tax.			
Thus, for example, there will be no withholding on the return of your own nondeductible contributions to the contract.			
A. I do not want to have Federal income tax withheld from my distribution. We are required to withhold on all policies issued after			
8/13/82 unless you elect otherwise.			
OR_			
B. I want to have Federal income tax withheld from my distribution.			
If the Social Security number of the owner is not completed, you will be subject to back up withholding as stipulated by the Internal Revenue			
Service.			
S.S.N or EIN:			
Surrender Of Policy For Cash Value For cash value the undersigned surrenders the policy and all claims thereunder.			
For easi value the undersigned surrenders the policy and an elamis thereunder.			
☐ In Cash ☐ Other:	Us	e Funds For:	
Make Check Payable to:			
Policy Enclosed Policy has been lost			
Assignment Of Policy For Exchange			
For value received the undersigned assigns, transfers and sets over to Ohio National (Assignee) the policy, as part of a tax-free exchange of			
policies under Section 1035(a) of the Internal Revenue Code. Any current or prior beneficiary designation is revoked in favor of the interests			
of the Assignee under this assignment. I certify that no bankruptcy proceedings, attachment, tax or other lien claim is now pending against me, having priority over my rights in the			
contract.			
Certification: Under the penalties of perjury, I certify that the information provided on this form is true, correct, and complete. I			
have not been notified by the I.R.S. that I am subject to withholding for underreporting under Section 3406(a)(1)(c). I am a U.S.			
person (including a U.S. resident alien).			
Dated at:		on (month) , (day), (year)
(city), (state)		(month	,, (uay), (ycai)
Witness		Signatura of D	oligrownor (If 6 60 d. d. d. d.
withess		Signature of Po	olicyowner (If corporation signature of officer other than insured, le)
Witness			ssignee (if any) (name and title)
Without the state of the state		orginature of A	onghee (if any) (hame and the)
Signature of Irrevocable Beneficiary (if a	ny)	EIN of Assign	ee