



National Life Insurance Company®
Life Insurance Company of the Southwest®
Coronavirus Aid, Relief, and Economic Security Act
Certification Statement

Please fill in your information (print or type), and sign and date the bottom of the form:

Owner Name _____ Social Security Number _____
 Policy Number _____

I certify that I meet at least one of the following conditions:

- (1) I was diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (referred to collectively as COVID-19) by a test approved by the Centers for Disease Control and Prevention (including a test authorized under the Federal Food, Drug, and Cosmetic Act);
- (2) my spouse or my dependent was diagnosed with COVID-19 by a test approved by the Centers for Disease Control and Prevention (including a test authorized under the Federal Food, Drug, and Cosmetic Act); or
- (3) I have experienced adverse financial consequences because:
 - (i) I, my spouse, or a member of my household* was quarantined, furloughed or laid off, or had work hours reduced due to COVID-19;
 - (ii) I, my spouse, or a member of my household was unable to work due to lack of childcare due to COVID-19;
 - (iii) a business owned or operated by me, my spouse, or a member of my household closed or reduced hours due to COVID-19; or
 - (iv) I, my spouse, or a member of my household had a reduction in pay (or self-employment income) due to COVID-19 or had a job offer rescinded or start date for a job delayed due to COVID-19.

*A member of the individual's household is someone who shares the individual's principal residence.

Owner Signature: _____ Date Signed(mm/dd/yyyy): _____

Submit This Completed Form with the Annuity Withdrawal Request

Forms may be submitted by:

Email: Imaging@nationallife.com;
Mail: National Life Group
 One National Life Drive
 Montpelier, VT 05604-5555
Fax: 214-638-9162;

For questions please call 1-800-732-8939.