

Administered by:
 Monumental Life Insurance Company,
 800-618-1698 On behalf of your Plan Administrator

Subject to the terms and conditions of the Plan and policy. Please complete all information requested. Please fax the form to 573-893-1059 or mail to the State of Missouri Deferred Compensation Plan at: 3349 American Avenue, Suite A, Jefferson City, MO 65109.

Important Information	This form is to be used by Monumental Life to make changes to your life insurance policy.
Good Order	Good order is receipt at Monumental Life's Home Office of this form and any other required information or forms that have been accurately and entirely completed, and includes your signature. Information not received in good order, as determined by Monumental Life, may be returned to you for correction and processed upon re-submission in good order Monumental Life's home office.
Plan Information	Please verify that this information is correct and complete.
Participant Information	Please complete the information requested in its entirety.
Employment Status	The policy options below are available for employees who have separated from service. If your employment status has changed since the time you requested this form, please contact Monumental Life's Customer Service Representative at 800-618-1698 to obtain a new service request form. Customer Service Representatives are available from Monday through Friday, 8:30 a.m. – 4:30 p.m., EST.
Important Tax Information	Death Benefit — The death benefit proceeds of your life insurance policy is fully taxable to your beneficiary (beneficiaries) while your policy is inside your deferred compensation plan. Once you have separated from service or retired and the ownership of your policy is transferred to you, the death benefit proceeds will no longer be taxable to your beneficiary (beneficiaries). Cash Surrender Value — The cash surrender value of your life insurance policy is fully taxable at the time you transfer your policy to an individually owned policy. Any applicable cash surrender value will be taxed at the time the policy is transferred to you.
Policy Options	Employee Separated From Service <ul style="list-style-type: none"> • Option 1 — Allow Cash Surrender Value to Keep Policy In-Force Until Value is Exhausted — You may leave the ownership of the policy with your employer, but keep your policy in force by deducting the monthly charges from the cash surrender value until the cash surrender value is fully depleted. Once the cash surrender value is fully depleted, the ownership of the policy will be transferred to you and you will be receiving premium notices. Because the cash surrender value will have been used to pay the monthly charges, it may be necessary to increase the premium payments to maintain the full benefits of your policy. However, since the policy has no cash surrender value at the time of the transfer, you will not be taxed on the transfer of the policy. • Option 2 — Transfer Cash Surrender Value to Other Investment Options — Transfer Life Insurance Policy to Individually Owned Direct Pay Policy — You may transfer the cash surrender value of your life insurance policy to your other investment options and immediately transfer the ownership of your policy and begin receiving premium notices. The transfer of any applicable cash surrender value will be invested in your other investment options according to your current investment allocation. The death benefit of your individually owned policy will be reduced by the cash surrender value transferred to your other investment options. Because the cash surrender value will be transferred to your other investment options, it may be necessary to increase the premium payments to maintain the full benefits to your policy. However, since the policy has no cash surrender value at the time of the transfer, you will not be taxed on the transfer of the policy. • Option 3 — Convert to Individually Owned Single Premium Paid-Up Policy — You may use the existing cash surrender value of your life insurance policy to purchase a guaranteed paid-up policy. The face amount of the guaranteed paid-up policy will depend on your cash surrender value at the time you purchase the policy. You will be taxed on the cash surrender value used to purchase the guaranteed paid-up policy. However, your death benefit proceeds will be income tax free to your beneficiary (beneficiaries).

	<ul style="list-style-type: none"> • Option 4 — Transfer to Individually Owned Direct Pay Policy — You may transfer the ownership of your policy immediately and begin receiving premium notices. You will be taxed on any applicable cash surrender value of the policy. However, your death benefit proceeds will be income tax free to your beneficiary (beneficiaries). • Option 5 — Cancel Life Insurance Policy — Transfer cash surrender value to other investment options — You may cancel your life insurance protection and transfer any applicable cash surrender value to your other investment options under the Plan. The transfer of any applicable cash surrender value will be invested in your other investment options according to your current investment allocation. • Option 6 — Cancel Life Insurance Policy — Refund any applicable cash surrender value to me — You may cancel your life insurance protection and receive any applicable cash surrender value directly. You will be taxed at the time of the surrender, on any applicable cash surrender value of the policy.
Billing Frequency	This section must be completed if you are electing Option 1, Option 2, Option 3, or Option 4.
Beneficiary Information	This section must be completed if you are electing Option 2, Option 3, or Option 4. The beneficiary information you provide will only be used for your individually owned life insurance policy. This beneficiary information will not change the beneficiary (beneficiaries) you elected your deferred compensation account.
Authorized Signatures and Certification	This section must be signed by you, the participant. By signing this form, you certify that you have separated from service. You also certify that you have read and understand the proposed changes and the information regarding this request is correct and complete.

***Third Party Administration provided by your Plan Administrator
Insurance Products provided by Monumental Life Insurance Company***

LIFE INSURANCE SERVICE REQUEST FORM INSTRUCTIONS SEPARATED FROM SERVICE

Administered by:
Monumental Life Insurance Company,
800-618-1698 On behalf of your Plan Administrator

Subject to the terms and conditions of the Plan and policy. Please complete all information requested.

Plan Information	Plan Name		Plan No.	
Participant Information <i>Please print.</i> If you have a P.O. Box, U.S. tax laws also requires a street address to be indicated.	Participant Name (Last, First, Middle Initial)		Social Security No.	
	MANDATORY — Participant Resident Address (No. & Street)		PO Box (optional)	
	City/Town	State	Zip Code	
	Work Telephone No. ()	Extension	Home Telephone No. ()	
	Work Location (State, City/Town, or Authority)		Payroll Location	Life Insurance Policy No.
Policy Options Please refer to the instructions for an explanation of the options.	Employee Separated From Service			
	<input type="checkbox"/> Option 1 — Allow my cash surrender value to keep my life insurance policy in-force until the value is fully depleted and then transfer my policy to an individually owned direct pay policy. <input type="checkbox"/> Option 2 — Transfer my cash surrender value to my other investment options and transfer my life insurance policy to an individually owned direct pay policy. I understand the transferred value will be invested in my other investment options according to my current investment allocation. <input type="checkbox"/> Option 3 — Convert my life insurance policy to an individually owned single premium paid-up policy. <input type="checkbox"/> Option 4 — Transfer my life insurance policy to an individually owned directly pay policy. <input type="checkbox"/> Option 5 — Cancel my life insurance policy and transfer any applicable cash surrender value to my other investment options under the Plan. I understand the transferred value will be invested in my other investment options according to my current investment allocation. <input type="checkbox"/> Option 6 — Cancel my life insurance policy and refund any applicable cash surrender value to me.			
Billing Frequency Please complete if electing Option 1, 2, 3, or 4	Please check the appropriate block below.			
	<input type="checkbox"/> Monthly Bank Draft (include voided check) <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual			

Beneficiary Information Please complete if electing Option 2, 3, or 4	Primary	Contingent	Complete Legal Name	Relationship	%
	<input type="checkbox"/>		_____	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Authorized Signatures	I have read and understand the proposed change(s). I understand the effective date of such change(s) is/are contingent upon Monumental Life's approval.	
	Participant's Signature	Date (mm/dd/yyyy)

For Internal Use Only — Must be completed by ICMA-RC or cannot be processed by TransAmerica/Monumental

Under plan regulations, a disbursement cannot be made to the policy holder unless ICMA-RC has confirmed that the participant has separated from service.

Participant's Date of Separation: ___/___/___ Completed by _____ Date Signed: ___/___/___
 Authorized ICMA-RC Signature Printed Name

ICMA-RC to fax form to TransAmerica at: 866-622-5051 to the Attention of Customer Service