

CUSTOMER SERVICES REQUEST FORM FOR GENERAL AND TAX SHELTERED PRODUCTS

Policy Number _____ Insured _____ Owner (if other than Insured) _____ Home and Work Phone No. _____

1. **PARTIAL WITHDRAWAL** Withdraw \$ _____ from this policy (or the full amount available, if less, to maintain the contractual minimum balance). **This option is available for certain flexible premium annuities and Universal Life policies.**

- NOTE:
1. A prorata of any applicable surrender charge will be deducted from the cash value of Universal Life policies.
 2. If withholding is selected, your **net** check will be the amount requested.
 3. All Taxable distributions will be reported to the IRS.
 4. If changing a UL loan to a partial withdrawal, all interest accrued will be charged.
 5. Contractual charges will be automatically deducted from the value of Universal Life contracts.
 6. Partial withdrawals on Universal Life contracts may reduce the specified amount and create a need to increase future premium payments.

X _____ X _____
Signature of Owner Signature of Assignee (if any) Date

2. **SURRENDER** Pay all of the value of this policy and terminate the insurance protection represented by this policy.

- NOTE:
1. All Taxable distributions will be reported to the IRS.
 2. Contractual charges will be automatically deducted from the value of Universal Life contracts.
 3. If your proceeds are eligible and exceed the current applicable minimum set by the Company, an interest bearing checking account will be opened for you and you will promptly receive your personalized checks. . If you live in AR, CO, FL, KS, NC, ND or SD, you may elect to avoid the interest bearing checking account ("REMARKS" section below).

Please Check One Policy returned with original request.
 The policy to be surrendered is enclosed. (Just return the Specifications Page, usually the first page.)
 My policy has been lost, destroyed, stolen, or cannot be located at this time. If the original policy is found, I will return it.

X _____ X _____
Signature of Owner Signature of Assignee (if any) Date

3. **FEDERAL TAX INFORMATION Withholding Election** (Social Security No. must be completed for above transactions)

You are required by law to provide us with your correct taxpayer identification number (Social Security Number.) To verify that we have your correct number, please provide below.

_____ Social Security No. of Insured _____ Social Security No. of Owner

If Social Security Number is not supplied, Federal & State income tax withholding may apply. Under penalty of perjury, I certify that the information supplied on this form is true, correct and complete. The policyowner has not been notified by the Internal Revenue Service that he/she is subject to a back-up withholding order on interest or dividends. (If he/she has been so notified, cross out this entire statement.) If you do not elect to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

Please make your election below. **(If Election is not specified, we will automatically withhold 10%.) *This election includes any State withholding if mandatory.**

NO, DO NOT withhold federal income tax from my distribution. **YES, DO** withhold federal income tax from my distribution.
X _____ X _____
Signature of Owner Signature of Assignee (if any) Date

CAUTION: The taxable portion of a withdrawal from an Annuity policy or rider may be subject to a 10% premature distribution penalty if age is not 59 1/2. You may want to consult a tax advisor.

4. **MANDATORY WITHHOLDING OF 20% APPLIES TO HR-10, 403B, 501C(3) DISTRIBUTIONS**

Effective 1-1-93, the Unemployment Compensation Amendment of 1992 requires a mandatory 20% withholding on HR-10, 403B, 501C(3) distributions paid to the individual. The distribution will be sent no less than 30 days from the date the notice is given on **HR-10 plans only. HARDSHIP WITHDRAWALS ON 403B-501C EXEMPT FROM MANDATORY WITHHOLDING.**

IRS notice 93-26 states that if certain requirements are met, the 30 days may be waived. I choose to waive the waiting period.

X _____ X _____
Signature of Owner Signature of Assignee (if any) Date

By signing I acknowledge that I have read the "Special Tax Notice" and understand the conditions.

Remarks: _____

Agent: _____ Agency _____