

Policy Payment Request Form

Universal Life Policies

Policy Number _____ / _____
(suffix)

Sales Office RN _____

Policyowner's Name _____
(please print) First M.I. Last

Address _____
If the address given above is a new address. Please check here:

Telephone# (_____) _____

Insured's Name _____ Date Prepared _____
(if different from above)

Life Insurance Policy Surrender

1. Cash Surrender: I request a full surrender and termination of the life insurance policy identified above and payment indicated below (choose between A or B, and complete sections 2 and 3).

A. Open a new Total Control Account Money Market Option (TCA) to receive my surrender proceeds of \$5,000 or more. The TCA gives you check writing privileges, while crediting competitive interest rates comparable to money market account rates. The interest rate is set weekly and will be equal to or higher than at least one of two nationally recognized money market rate indexes. Interest paid is taxable currently. Money in the TCA is guaranteed by the company. You can access all or part of your money at any time by writing one of your checks. You are not charged for processing or printing checks, there are no transaction or monthly fees, and there are no penalties for withdrawing all or part of your money. Monthly statements are provided. The TCA Account is NOT available to corporate entities, residents of foreign countries, or for amounts less than \$5,000. In addition, the TCA is generally not available if there is more than one payee (e.g., two or more co-owners). If you already have a TCA issued by the same company that issued the contract you are surrendering and want your proceeds added to that TCA, please provide your Account Number _____

B. Send me a lump sum check for the full amount. (If the policy is owned by more than one person, I understand that the check will be payable jointly to all owners.)

2. **Federal Income Tax Withholding Notice and Withholding Elections.**

To the extent that you have a gain as a result of this payment, a portion of this payment may be taxable. Under current federal income tax law, any taxable portion of the amount you request is subject to withholding at the rate of ten percent (10%). We may also be required to withhold under certain state income tax laws. You may elect not to have withholding apply to any taxable portion of this payment by indicating in the box below. In making your election, please note that if you elect not to have withholding apply, you are liable for the payment of federal income tax on any taxable portion of the payment. If you file an estimated tax return, please consult your tax advisor before making your election.

Federal Income Tax Withholding Election (check one)

- Please withhold 10% of any taxable portion of the amount payable
- Do not withhold

Social Security Number (or taxpayer ID number of Policy Owner) _____ - _____ - _____

Under penalties of perjury I certify: a) That the number shown above is my correct taxpayer identification number; and b) That I am not subject to backup withholding because: (i) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends; or (ii) the IRS has notified me that I am no longer subject to backup withholding; and (iii) I am a U.S. Citizen or a U.S. resident for tax purposes.

If you are subject to backup withholding, please cross out the language in b) above

3. **Signature** (Please sign and date. If you are requesting a TCA, this signature will be placed on file with your Account.)

Signature of Policyowner Date

Name of Co-Owner(s) Signature(s) Date

For Variable policies, loans and partial withdrawals will affect the cash value of your policy and may have other consequences. Please refer to the prospectus for your policy for important information you should consider before requesting a loan or partial withdrawal.

If you choose not to surrender your policy and want a loan instead, please complete this section of the form. You must also complete sections 2 and 3 on the reverse side of this form.

Loan Request

I acknowledge that I have read the Federal Income Tax Withholding notice on the first page.

If a loan is requested to pay premium(s) on another policy, specify the policy number/suffix, the first premium due date and the number of premiums to be paid. If you are including a check to be used in conjunction with this loan to pay premiums, enter the check amount in the space provided.

- Loan for \$ _____
- Full Value Loan
- Loan to pay premiums on Policy No./Suffix: _____
Number of premiums to be paid _____
Due date of First Premium: _____
Include Amount Paid by Check: \$ _____

Note: A Loan for less than \$250 is not available for multi-funded policies (UM suffix). For UL2001 policies the minimum is \$ 500.

If you choose not to Surrender your policy and want a partial withdrawal instead, please complete this section of the form. You must also complete sections 2 and 3 on the reverse side of this form.

Partial Cash Withdrawal

(Minimum Payment must be at least \$250 for UL contacts except for UL 2001 which is \$500).

I acknowledge that I have read the Federal Income Tax Withholding notice on the first page.

- Send a check for the maximum cash withdrawal available.
- Send a check for \$ _____. If the requested amount is more than the maximum partial cash withdrawal value available, then send the maximum partial cash withdrawal value available.
- Apply Partial withdrawal to premiums on Policy No./Suffix _____
- Number of premiums to be Paid _____
Due Date of First Premium _____
Include Amount Paid by check \$ _____
- Apply partial withdrawal to loan on policy No./Suffix _____
To pay loan interest \$ _____
To pay loan principal \$ _____

Additional Instructions
