

REQUEST FOR VALUES FORM

COMPLETE THIS SECTION FOR ALL REQUESTS

Insured/Annuitant: _____ **Policy Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Owner's Address (if different than Insured): _____

Daytime Phone Number: (____) _____ **Family Group Number:** _____

ALPHABETICAL INDEX

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1 **CASH SURRENDER (Full termination of contract) SECTION 7 MUST ALSO BE COMPLETED**

The cash surrender value is hereby requested and will be accepted in full payment of and release of all claims under the policy. The surrender will be effective in accordance with the policy provisions.

2 **PARTIAL SURRENDER OR WITHDRAWAL SECTION 7 MUST ALSO BE COMPLETED**
 (For Universal Life or Annuities ONLY)

FROM: Universal Life (May be subject to surrender charges and will reduce the death benefit of the policy. May also be subject to a \$25.00 processing fee.)

Annuity (May be subject to surrender charges)

AMOUNT: \$ _____ Maximum amount not subject to surrender charge

3 **POLICY LOAN** \$ _____
 (Write in the amount – Maximum loan will be processed if it is less than what is being requested)

Maximum amount available

DISTRIBUTION: Check Pay the loan or premium(s) due on policy number (List below):

_____ Total number of premiums to pay equals _____

LOAN AGREEMENT: In consideration of the advance by the Company as a loan, all right and interest in the policy is assigned to the Company as sole security for the repayment of the loan with interest, subject to the policy provisions.

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4 DIVIDEND WITHDRAWAL

FROM: Accumulations Paid-Up Additions Cash Value

AMOUNT: Full Amount \$ _____ or full amount available if less.

DISTRIBUTION: Check Pay the loan or premium(s) due on policy number (List below):

Total number of premiums to pay equals _____

5 APPLY POLICY VALUE TO PAY FUTURE PREMIUMS

Until further notice or until insufficient values remain, apply values from the above-numbered policy as described below. I understand that policy provisions regarding lapse and non-forfeiture will apply if values are insufficient to pay any future premiums.

Existing Dividend Values Apply to premiums on policy number: _____

Surrender Value from Flexible Premium Annuity Rider _____

Surrender Value from Paid Up Additions Rider

Surrender Value from Single Premium Rider

6 MINIMUM REQUIRED DISTRIBUTION (MRD) FROM AN ANNUITY CONTRACT

SECTION 7 MUST ALSO BE COMPLETED

One time distribution
\$ _____ from Annuity Contract Number _____

Annual distribution – **This will process annually unless you advise us to discontinue.**
\$ _____ from Annuity Contract Number _____

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7 TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Sign request in this section and section 8.

Failure to complete this section may result in mandatory 24% backup withholding where required by the IRS.

Withholding Election: I **DO NOT** want to have Federal or State income tax withheld.

I **DO** want to have Federal or State income tax withheld.

Federal withholding: _____% or \$ _____

State withholding: _____% or \$ _____

Taxpayer Identification Number: _____

For individuals, this is your social security number (SSN). For other entities, this is your employer identification number (EIN).

Certification Instructions: You must cross out item (2) below if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

Certification: Under penalties of perjury, I certify that: **(1)** The number shown is my correct taxpayer identification number (or I am waiting for a number to be issued to me); **(2)** I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding; **and (3)** I am a U.S. person (including a U.S. resident alien).

Policyowner's Signature: _____ **Date:** _____

8 SIGNATURE INSTRUCTIONS:

1. Policy owner must sign and date this form.
2. Policy owner spouse must sign if Application State was AZ, CA, ID, LA, NV, NM, TX, WA or WI.
3. All irrevocable beneficiaries and collateral assignees must sign this form.
4. Transactions resulting in a payment will have a check addressed to the owner and the owner's address.

Signed At (City & State): _____

Date: _____

Signature of Present Owner

Signature of Assignee

Signature of Insured (if other than Present Owner)

Signature of Irrevocable Beneficiary

Signature of Spouse (**See Instruction #2**)

Witness or Notary Signature