

DISBURSEMENT REQUEST FORM

Administrative Office:
4333 Edgewood Road NE
Cedar Rapids, IA 52499
800-638-3080

(1) ☐ Reduced Paid-Up ☐ Cash Surrender ☐ Maturity ☐ Deposit Fund Withdrawal

(2) Policy Number _____

Name of Insured _____

Name of Owner _____

Date _____

Street _____

☐ Check if new address

City/State _____

Zip Code _____

Owner Soc. Sec. # _____

Phone-Area Code- _____ Number _____

(3) Tax Election - This section must be completed for all Annuity and Maturity Transactions. IF NO ELECTION IS MADE- TAXES WILL BE WITHHELD

☐ I Elect No Federal Tax Withheld on the Taxable Portion, If Any

☐ I Elect To Have Federal Tax Withheld on the Taxable Portion, If Any.

(4) ELECTIONS: The Owner of the above listed policy hereby applies for the following:

A-LIFE TERMINATION

☐ Reduced Paid-Up

☐ Cash Surrender

☐ Single Prem. Rider

☐ Maturity:

☐ Lump Sum Payment

☐ Part Cash/Part Paid-Up

(Attach Form 265G)

B-DEPOSIT FUND

☐ Gross Deposit Fund

☐ Premium Deductions

☐ Net Amount _____

C-UNIVERSAL LIFE REQUEST

☐ Full Withdrawal

☐ Partial Withdrawal

Of \$ _____

(Amount of Insurance will be reduced)

D-ANNUITY TRANSACTION

☐ Partial Withdrawal

Of \$ _____

☐ Full Withdrawal

Of Entire Proceeds

(5) OWNER - COMPLETE REQUIRED INFORMATION BEFORE SIGNING

In accordance with the terms of the contract, this transaction shall take effect on the date this form, properly signed, is presented or mailed to the Administrative Office, any Branch Office, General Agency or any representative of the Company. As of said date for Cash Surrender or Reduced Paid-Up insurance, any right to receive more than that value on this policy shall terminate. UNDER PENALTY OF PERJURY, I CERTIFY THAT THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER ID NUMBER AND THAT I AM NOT SUBJECT TO BACK-UP WITHHOLDING. I UNDERSTAND THAT UNDER APPLICABLE ANTI-MONEY LAUNDERING REGULATIONS AND OTHER FEDERAL REGULATIONS, REQUESTS MAY BE SUSPENDED, RESTRICTED, CANCELLED OR PROCESSED AND THE PROCEEDS MAY BE WITHHELD.

Signature of Non-Related Witness _____

Signature of Owner _____

Signature of Non-Related Witness _____

Signature of Co-Owner _____

Signature of Non-Related Witness _____

Signature of Spouse IF Community Property Jurisdiction
AZ, CA, ID, LA, NM, NV, TX, WA, WI, PR

(6)

IMPORTANT

The Undersigned requests that the amount set forth below be deducted from the cash surrender value of the policy. These deductions will not be allowed unless they are sufficient to bring the policy(s) to which deductions are to be applied out of the grace period.

See reverse side for all applicable provisions

Signature of the Owner for Premium Deduction _____

Premium Deductions

POLICY NUMBER	ACCOUNT NUMBER	DUE DATE	PREMIUM	NUMBER OF PREMIUM(S)	TOTAL of PREMIUM(S) FOR POLICY
Total Deductions					