

Insurance Services
866-215-5343

MULTIPURPOSE SERVICE REQUEST

Insured:	Policy No.:
Owner's Tax ID:	Owner's Daytime Phone Number: ()

1. Change Mailing Address:

PLEASE PRINT LEGIBLY OR USE TYPEWRITER	Change mailing address for? <input type="checkbox"/> INSURED <input type="checkbox"/> OWNER <input type="checkbox"/> PAYOR	New Phone Number: ()
NAME 1	ADDRESS	
CITY	STATE	ZIP CODE

2. Change Premium Billing:

For Monthly Pre-authorized Check plan complete form, L-1683NY			
<input type="checkbox"/> Change PREMIUM PAYMENT FREQUENCY:	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Stop MONTHLY BANK DEDUCTIONS and bill:	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Quarterly

3. Non-Forfeiture Options (review your policy for applicable options):

<input type="checkbox"/> Activate AUTOMATIC PREMIUM LOAN (APL)	<input type="checkbox"/> Stop APL
<input type="checkbox"/> Elect REDUCED PAID UP INSURANCE (RPU)	<input type="checkbox"/> Elect EXTENDED TERM INSURANCE (ETI)

4. Duplicate Policy/Certificate:

<input type="checkbox"/> I certify that that original policy is lost/destroyed and request The MEGA Life and Health Insurance Company to rely on my certification to issue a duplicate policy or insurance certificate as appropriate.
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5. Policy Loan: (See policy terms and conditions regarding loan and loan interest charges.)

<input type="checkbox"/> Send a check for \$ _____
<input type="checkbox"/> Send a check for the maximum loan value available
<input type="checkbox"/> Apply \$ _____ of the loan value toward the premium now due.
<input type="checkbox"/> Apply \$ _____ of the loan value from this policy towards the premium due on _____ (Other policy number)

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MULTIPURPOSE SERVICE REQUEST, Cont.

6. Partial Surrender: (See policy for details regarding possible surrender charge/fee. If appropriate, the policy death benefit may be reduced by the amount of this surrender.)

- ☐ Surrender a sufficient portion of the policy value to produce a net cash payment of \$_____
- ☐ I elect IRS minimum required distribution amount. ☐ I elect a 10% partial annuity account withdrawal.

The applicable **Income Tax Box (in section 8 below)** must be checked. If a box is not checked and there is a taxable gain on your distribution, taxes will be withheld – 10% of taxable gain. If applicable, state income tax will be withheld if federal taxes are withheld

7. Full Cash Surrender: (Send original policy or check statement below if policy is not available.)

- ☐ I elect to terminate this policy and receive a check for the net cash value if any.
- ☐ **LOST POLICY** statement: I certify that the policy listed above is lost or destroyed and assign all right, title and interest in the lost/destroyed policy to The MEGA Life and Health Insurance Company.

The applicable **Income Tax Box (in section 8 below)** must be checked. If a box is not checked and there is a taxable gain on your distribution, taxes will be withheld – 10% of taxable gain. If applicable, state income tax will be withheld if federal taxes are withheld.

8. Tax Withholding Election: (Must be completed in connection with items 3, 5, 6, and 7 above.)

- ☐ **No**, I do not want federal income tax, and state income tax where applicable, withheld from my distribution.
- ☐ **Yes**, I want to have federal income tax and state income tax where applicable, withheld from my distribution.

I acknowledge that I may incur federal/state and/or local tax consequences relative to all or any portion of the cash amount received. If I elect not to have withholding apply to this distribution or if insufficient federal/state income tax is withheld from this distribution, I may be responsible for payment of estimated tax and any penalties incurred. If federal/state income tax is withheld, I am liable for payment of such income tax on the taxable portion of the distribution and any penalties under the estimated tax payment rules if payment of estimated tax and withholding, if any, is not adequate. **A mandatory 31% withheld from taxable amount on distributions when the owner tax ID number is not obtained after sending a request for tax payer identification number and certification or form W-9.**

Signature Section:

Owner (if owner is corporation, trust or other entity, write the title of the signer next to the signature.)	Date
Irrevocable Beneficiary	Collateral Assignee
Witness	
Spouse – If Community Property State, we recommend the spouse join in signing the form, but will process without spousal signature in the absence of notice of divorce or adverse claim.	Signature of the Policyowner's Spouse