

PLEASE PRINT	Name of Insured:	Policy Number:
	Name of Joint Insured (If applicable):	
	Name of Owner (If different from Insured):	Social Security Number:
	Name of Joint Owner (If applicable):	Social Security Number:
REQUEST FOR:		
1. <input type="checkbox"/> POLICY LOAN For Policies without Indexed Accounts	<input type="checkbox"/> In Cash \$ _____ <input type="checkbox"/> In Cash for the maximum amount available. <input type="checkbox"/> For \$ _____ to pay _____ premium due _____ on policy number _____ <div style="text-align: center;">(mode) (date)</div> <p>Loan amount may include portion of dividends unless otherwise requested. Loan becomes effective on date processed in Home Office. If proceeds are to be applied in any other manner use special instructions section.</p>	
2. <input type="checkbox"/> POLICY LOAN For Policies with Indexed Accounts	<p>If the policy does not currently have an outstanding loan, you MUST select a loan option from below. If the policy does currently have an outstanding loan, the loan requested below will be processed with the same loan option selected for the outstanding loan.</p> <input type="checkbox"/> Traditional Loan Option <input type="checkbox"/> Indexed Loan Option (Not available in New York, Not available in first policy year on VULDG): Available only on the cash surrender value in the Indexed Account segments. The outstanding loan amount continues to earn an interest rate based on the indexed credit for the segment(s) from which the money was borrowed. The net cost of the loan is the difference between the declared variable loan rate charged and the indexed credit for mature account segments. If there is not enough money in the indexed account to cover the loan, funds must be transferred from the Fixed Account in order to take the full loan amount. <input type="checkbox"/> In Cash \$ _____ <input type="checkbox"/> In Cash for the maximum amount available. <input type="checkbox"/> For \$ _____ to pay _____ premium due _____ on policy number _____ <div style="text-align: center;">(mode) (date)</div>	
3. <input type="checkbox"/> DIVIDEND WITHDRAWAL <input type="checkbox"/> ACCUM'S <input type="checkbox"/> PUA'S	<input type="checkbox"/> In Cash \$ _____ <input type="checkbox"/> In Cash for the maximum amount available. <input type="checkbox"/> For \$ _____ to pay _____ premium due _____ on policy number _____ <div style="text-align: center;">(mode) (date)</div> <p>Dividends withdrawn or paid up additions surrendered may not be repaid. If proceeds are to be applied in any other manner use special instructions section.</p>	
4. <input type="checkbox"/> DIVIDEND OPTION CHANGE TO	<input type="checkbox"/> Accumulate at interest. * <input type="checkbox"/> Reduce premiums on policy number _____ <input type="checkbox"/> Cash <input type="checkbox"/> Purchase additional insurance (applies to future dividends only). <input type="checkbox"/> To apply a/c of loan on policy number _____ ** <p>* Interest earned may be taxable and we are required to report this to the IRS ** When indebtedness is fully paid, dividends will be used to purchase additional insurance.</p>	
5. <input type="checkbox"/> ADDRESS CHANGE	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Insured <input type="checkbox"/> Owner <input type="checkbox"/> Beneficiary <input type="checkbox"/> Other </div> <p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p>	
6. <input type="checkbox"/> PREMIUM MODE OR PREMIUM AMOUNT CHANGE	<p>Effective Date: _____</p> <p>New Premium Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly</p> <p>New Premium Amount: \$ _____</p> <p><i>If policy provisions allow</i></p>	

7. <input type="checkbox"/> NAME CHANGE	<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <input type="checkbox"/> Insured <input type="checkbox"/> Owner* <input type="checkbox"/> Beneficiary* <input type="checkbox"/> Other </div> <div style="display: flex; justify-content: flex-end; margin-bottom: 10px;"> <table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">Additional Policy #'s to be changed:</td> </tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> </table> </div> <div style="margin-bottom: 10px;"> From: _____ </div> <div style="margin-bottom: 10px;"> To: _____ </div> <div style="margin-bottom: 10px;"> Reason for Change: _____ </div> <div style="margin-bottom: 10px;"> Note: Documentation to support name change may be required. </div> <div> *This form is not to be used for ownership or beneficiary changes. </div>	Additional Policy #'s to be changed:		
Additional Policy #'s to be changed:				
8. SPECIAL INSTRUCTIONS				
<div style="margin-bottom: 20px;">SUBMITTED TO HOME OFFICE BY</div> <div>SIGNATURES</div>	<div style="margin-bottom: 10px;"> I represent that no bankruptcy or insolvency proceeding is pending with respect to me. </div> <div style="display: flex; justify-content: space-between; margin-bottom: 20px;"> <div style="width: 70%;"> _____ Signature of Owner </div> <div style="width: 25%;"> _____ Date </div> </div> <div style="margin-bottom: 10px;"> If Owner is a Corporation or Trust, provide signature and title. If multiple owners, all must sign. </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 70%;"> _____ Signature </div> <div style="width: 25%;"> _____ Date </div> </div> <div style="margin-bottom: 10px;"> _____ Title </div> <div style="margin-bottom: 10px;"> _____ Producer Name </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> _____ Office and Producer Code </div> <div style="width: 25%;"> _____ Date </div> </div>			