

SURRENDER / LOAN / DIVIDEND REQUEST

	or Insurance Purposes (type or print)		Dete
			Date
	_		Policy Number
			1 only 1 minor
	-		Name of Insured
	<i>)</i>		
			Telephone Number of Owner
this a change of address?			
o you want your check mailed to this a	nddress?		
If no, give delivery instructions:			
DIVIDENDS (Not Applicable To			
Dividend Amount Available \$			GIVE POLICY NUMBER IF VALUE
Surrender \$f	or:		
			SURRENDERED IS TO BE APPLIED TO POLICY OTHER THAN THE ONE ABOVE
☐ Payment in Cash ☐ Reduction of Loan Balance			
☐ Reduction of Loan Balance	☐ Premium - Due Date		POLICY OTHER THAN THE ONE ABOVE
☐ Reduction of Loan Balance Future dividends earned are to be use	☐ Premium - Due Datesed as follows:		POLICY OTHER THAN THE ONE ABOVE POLICY #:
☐ Reduction of Loan Balance Future dividends earned are to be use ☐ Continue Unchanged	□ Premium - Due Datesed as follows: □ Reduce Premium	☐ Pay in	POLICY OTHER THAN THE ONE ABOVE POLICY #: Cash
☐ Reduction of Loan Balance Future dividends earned are to be use	□ Premium - Due Datesed as follows: □ Reduce Premium □ Purchase Paid-Up Insurance*	☐ Pay in	POLICY OTHER THAN THE ONE ABOVE POLICY #:
☐ Reduction of Loan Balance Future dividends earned are to be use ☐ Continue Unchanged ☐ Reduce Loan	□ Premium - Due Datesed as follows: □ Reduce Premium □ Purchase Paid-Up Insurance*	☐ Pay in	POLICY OTHER THAN THE ONE ABOVE POLICY #: Cash
☐ Reduction of Loan Balance Future dividends earned are to be used to the continue Unchanged ☐ Reduce Loan ☐ Other *Evidence of insurability may be	Premium - Due Datesed as follows: Reduce Premium Purchase Paid-Up Insurance* De required.	□ Pay in	POLICY OTHER THAN THE ONE ABOVE POLICY #: Cash conal Protection Benefit* (Priority Only)
☐ Reduction of Loan Balance Future dividends earned are to be used to the dividends of the loan of t	□ Premium - Due Datesed as follows: □ Reduce Premium □ Purchase Paid-Up Insurance* the required. The ends may affect any guaranteed and the set of	□ Pay in	POLICY OTHER THAN THE ONE ABOVE POLICY #: Cash
□ Reduction of Loan Balance Future dividends earned are to be use □ Continue Unchanged □ Reduce Loan □ Other □ *Evidence of insurability may be IMPORTANT: Surrender of dividing value and the death proceeds.	□ Premium - Due Datesed as follows: □ Reduce Premium □ Purchase Paid-Up Insurance* the required. The ends may affect any guaranteed and the set of	□ Pay in	POLICY OTHER THAN THE ONE ABOVE POLICY #: Cash conal Protection Benefit* (Priority Only)

The available loan value will be the cash value, less any indebtedness to the Company and less loan interest until the next policy anniversary. Interest on the loan shall be payable in advance from the date thereof to the next anniversary date of the policy, and annually in advance thereafter.

IMPORTANT: Policy loans may affect your policy's guarantee features or cause your policy to terminate without value. For Altis® II, Altis® 100 Plus, Living Legacy® II, Living Legacy® III and Legacy Solution®, this includes the possibility that the death benefit may no longer be guaranteed. For any policy, proceeds paid at death will be reduced by a loan balance. Please read your policy or consult your agent or the home office to understand the charges associated with a loan and how a loan will affect your policy.

	Policy Number			
<u>_</u>	PARTIAL SURRENDER (Except Legacy Solution [®] II and Legacy Solution [®] III)			
	Amount \$			
	The partial surrender may be any amount not exceeding the current surrender value less \$250.00. There will be a surrender fee of \$25 deducted from the policy value.			
	IMPORTANT: Partial surrenders may affect your policy's guarantee features or cause your policy to terminate without value. For Altis® II, Altis® 100 Plus, Living Legacy® II, Living Legacy® III and Legacy Solution®, this includes the possibility that the death benefit may no longer be guaranteed. Please read your policy or consult your agent or the home office to understand the charges associated with a partial surrender and how a partial surrender will affect your policy.			
	PARTIAL SURRENDER (Legacy Solution® II and Legacy Solution® III)			
	Amount \$			
	IMPORTANT NOTICES REGARDING SURRENDER OF POLICY CASH VALUE:			
	Partial Surrenders are <u>not</u> permitted during the first policy year or during the premium-paying period. The minimum partial surrender is \$500, the maximum varies by policy year. A surrender fee of \$25 will be deducted from the surrender amount, and the face amount reduces by more than the partial surrender.			
	Partial Surrenders affect the face amount, cash value, and death proceeds. Please read your policy's "Partial Surrender" provision or consult your agent or the home office for more information.			
	For Legacy Solution® III only: Any dividend values will be surrendered first, unless otherwise requested, and the balance will be surrendered from the policy cash value. There is no fee for surrendering dividends but, guaranteed and non-guaranteed values, cash surrender value, and the death proceeds may be affected.			
	PAR RIDER SURRENDER (Whole Life)			
	☐ Single Par Rider ☐ Scheduled Par Rider **			
	** Last Rider added will be surrendered, unless specified:			
	IMPORTANT: Surrender of this rider may affect the guaranteed and any non-guaranteed policy values, including face amount, cash value, and death proceeds.			

☐ TOTAL SURRENDER (Whole Life, Endowment, Term or Universal Life) – POLICY MUST BE RETURNED

Any indebtedness to the Company under the policy will be deducted from the cash value. On Whole Life, Endowment, and Term, dividends, if any, are included in the cash value. For Universal Life, a <u>surrender charge may apply</u>.

IMPORTANT: In totally surrendering this policy, it is understood that all rights, privileges and benefits under said policy, except the right to receive the amount of cash surrender value, are hereby cancelled.

LOST POLICY CERTIFICATION

By my signature on page 3 of this form, I certify that any policy listed on this form which is not returned with this form has been lost or destroyed. I also certify that no persons, corporations, or associations have any claim or interest in said policy(ies) by virtue of sale, assignment, gift, or pledge thereof, or otherwise. I agree that should said policy(ies) be found or come into my possession, I will immediately return it to the insurer. I hereby release the insurer from any obligation under this policy(ies) and will hold insurer harmless from all loss or injury which may result from its payment of the surrender value or proceeds of the policy(ies) to me.

			Policy Number			
AS	SSIGNMENT AND BANKRUPTCY CERTIFICATIONS					
inc	e undersigned hereby certify that said policy is not assigned or dicated below by the signature of the assignee, if any, and furthe we ever been instituted by or against any of the undersigned or	er certify that no proceedings und	der the United States Bankruptcy Law			
W	-9 CERTIFICATION					
Ur	der penalties of perjury, I certify that:					
1.	The number shown on this form is my correct taxpayer identif	ne number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and				
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).					
NO	Certification instructions. You must cross out item 2 above backup withholding because you have failed to report all inter 2 does not apply. For mortgage interest paid, acquisition or all an individual retirement arrangement (IRA), and generally, pathe Certification, but you must provide your correct TIN. DTICE OF WITHHOLDING ON DISTRIBUTIONS OR WITHIN	rest or dividends on your tax ret bandonment of secured property ayments other than interest and o	urn. For real estate transactions, item, cancellation of debt, contributions to			
ha	e withdrawals you receive from the above-mentioned policy may we withholding apply by checking the appropriate block below rrender value may be delayed. If you do not respond by the dat	w. If the appropriate block is r	not checked, the payment of the cash			
res	you elect not to have withholding apply to these funds, if any, or sponsible for payment of estimated tax. You may incur penaltic yments are not sufficient.					
	I do not want any Federal income tax withheld □	I do want the 10% Federal inco	ome tax withheld			
Wi	itness the signatures of the undersigned this day of	of	,			
X						
∠ k	Signature of Owner	Pin Number, if applicable	Social Security Number of Owner			
v						
X	Signature of Co-Owner, if any	Pin Number, if applicable	Social Security Number of Co-Owner			
\mathbf{v}		v				

PAGES 1, 2 AND 3 MUST BE COMPLETED AND RETURNED TO THE HOME OFFICE

Signature of Witness

Signature of Irrevocable Beneficiary, if any

Signature of Assignee, if any