

SIGNATURE REQUIRED IN SECTION 6 TO COMPLETE THIS REQUEST
Request for Service Form for Loan, Withdrawal, Cancellation or Surrender Requests

5. Tax Withholding Options - Please read and complete this section if you are requesting a surrender or withdrawal. Election of a tax withholding option is not available for tax-qualified products. The insurer is required to withhold 20% of any realized gain for tax-qualified products unless proceeds are rolled directly into an IRA or other qualified retirement plan. Under certain criteria established by the Treasury Department, a gain may be reportable by the insurer at the time of surrender, partial surrender or withdrawal of this policy resulting in taxable income for the current tax year. If a gain is reportable, an IRS Form 1099-R will be sent to you at the beginning of the next calendar year, reporting the realized gain, and a copy of Form 1099-R will be sent to the IRS. If a gain is reportable, the insurer is required to withhold 10% federal tax from the payment unless the policy owner elects not to have any federal tax withheld.

Choose one of the following options for Federal tax withholding.
If an option is not selected for withholding, we will automatically withhold for the tax.

FEDERAL INCOME TAX WITHHOLDING OPTIONS:

- I DO NOT want Federal Income Tax withheld.
- I DO want Federal Income Tax withheld.

Special Notice for Residents of a Community Property State

A spouse or former spouse may have an interest in life insurance proceeds or any accumulated cash value if the policy premiums were paid with community funds. It is your responsibility to consult your legal advisor to 1) ensure that any required consent from a spouse or former spouse has been received and 2) ensure that your spouse or former spouse will not be able to make a claim against any policy values and/or the proceeds in the event any policy benefits become payable.

6. Signatures Required - YOU MUST FILL OUT THIS SECTION COMPLETELY IN ORDER FOR US TO PROCESS YOUR REQUEST. BE SURE TO LIST A SOCIAL SECURITY NUMBER AND DATE OF BIRTH BELOW. FAILURE TO PROVIDE SOCIAL SECURITY NUMBER AND DATE OF BIRTH MAY DELAY PROCESSING.

Policy Owner's Social Security Number _____ Policy Owner's Date of Birth _____

Policy Owner's mailing address _____

Policy Owner's Daytime Telephone _____

Policy Owner's e-mail address _____

Assignee's signature (if any) _____ Date _____

Assignee's name (printed) _____

Person Authorized to approve this request (printed) _____ Title _____

Person Authorized to approve this request (signature) _____

I have carefully read this request and agree that it is properly and fully completed. I understand that this request is subject to the provisions and conditions of the policy and that the company may require additional information or requirements. I certify that the policy is not pledged or assigned to any other person or corporation, except where stated in the request, and that no proceedings or bankruptcy or insolvency have been filed or are now pending. I further certify that the policy(s) is not jointly owned community property or in the alternative, applicable consents have been received.

I certify the **Social Security Number and Date of Birth** indicated is correct, and I hereby authorize Colonial to execute this request.

Print Policy Owner's Name _____

Policy Owner's signature _____ Date _____

Policy Owner may be different than the Premium Payor or insured person

PLEASE BE SURE TO SIGN AND DATE

MAIL TO: Colonial Life Insurance Processing Center, P.O. Box 1365, Columbia, SC 29202-1365

To fax requests: 1.800.561.3082 coloniallife.com Phone: 1.800.325.4368