



MEMBERS Life Insurance Company

P.O. Box 61
Waverly, IA 50677-0061
Phone: 800. 779.5433

ABSOLUTE ASSIGNMENT
(CHANGE OF OWNERSHIP
FOR LIFE INSURANCE)

Policy Number
Insured
Present Owner/Assignor

New Owner/Assignee
Relationship to Insured
Address and Phone Number

A. For value received, the assignor whose name appears above, assigns, transfers and sets over to the assignee, its successors and assigns, the policy identified above. The policy includes all riders attached to the policy. All rights and privileges in the policy are assigned. This assignment is subject to all terms of the policy and to all superior liens the insurance company has against the policy. The assignor agrees to the provisions of this assignment. The assignee agrees to the provisions of this assignment by accepting this form.

- B. The following specific rights are transferred and assigned by the assignor to the assignee by this assignment:
1. The sole right to collect maturity proceeds of the policy.
2. The sole right to surrender the policy at any time for its surrender value as provided by the policy or allowed by the insurance company.
3. The sole right to obtain loans from either the insurance company or from other persons, and the right to pledge or assign the policy as security for any loan.
4. The sole right to receive all policy dividends and to exercise all dividend options in the policy. Dividends will be credited under the dividend option in effect when the policy was assigned unless the assignee requests another option in writing.
5. The sole right to exercise all nonforfeiture options provided by the policy or allowed by the insurance company.
6. The right to change the beneficiary as provided by the policy.
7. The right to select a settlement option provided by the policy or allowed by the insurance company.
8. All rights not specified above.

- C. The assignor declares that:
1. He or she is the sole/joint and absolute owner of this policy.
2. No bankruptcy or insolvency proceedings are pending against him or her.
3. This policy is not subject to any assignment for the benefit of creditors.

D. Have you received or do you expect to receive any compensation in connection with this request to change ownership?
Yes No
1. We have the right to decline this request.

Enter the New Owner's/Assignee's Social Security Number in the box below:

Owner's/Assignee's Social Security Number OR Owner's/Assignee's Employer Identification Number

Under penalties of perjury, I certify:

- 1. I am a U.S. person (including a U.S. resident alien), and
2. I am not subject to backup withholding because: (a) I am exempt from backup, 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. The number shown on this form is my correct taxpayer identification number, and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (Not Applicable)

Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding as mentioned above.

Signed on at City and State

Signature of New Owner/Assignee Date of Birth Signature of Present Owner/Assignor Date of Birth

Signature of Insured (Required in NE & TN if new owner is entity) Signature of Irrevocable Beneficiary

Signature of Witness

FOR HOME OFFICE USE ONLY
Filed, subject to the terms of the policy.
By