

CMFG Life Insurance Company

2000 Heritage Way • Waverly, IA 50677  
Phone: 800.798.6600 • Fax: 608.236.8030

## SERVICE FORM FOR INDEX ANNUITY

Contract Number (one per form) \_\_\_\_\_ Annuitant's Name(s) \_\_\_\_\_

Owner's Name(s) \_\_\_\_\_ Owner's Phone Number \_\_\_\_\_

Owner's Address(es) \_\_\_\_\_ Street \_\_\_\_\_  Check if new address  
(If additional policy numbers to be changed, please include in Remarks section below.)  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Owner's Date(s) of Birth \_\_\_\_\_ Owner's Social Security Number \_\_\_\_\_ OR Owner's Employer Identification Number \_\_\_\_\_

**1. Partial Withdrawal of Cash Value**

**Select One:**

- Process immediately
- Process effective on contract anniversary

(If no selection, withdrawal will be processed immediately.)

Also complete Sections 3 & 4

- Send \$\_\_\_\_\_ to a financial institution by EFT (Electronic Funds Transfer). **Complete Section 3 below.** DC 49
- Send \$\_\_\_\_\_ to my address of record by check.
- Apply \$\_\_\_\_\_ to new application with CMFG Life Insurance Company on the life of \_\_\_\_\_, as a:
  - Section 1035 tax-free exchange. **Submit state-required replacement forms and CLS-375.**
  - Not a Section 1035 tax-free exchange. **Complete Section 4 below and submit state-required replacement forms.**

**Important Notice: After your first contract anniversary and during the accumulation period, you may make two partial withdrawals per contract year. Partial withdrawals may be subject to surrender charges. A request that would reduce the surrender value to less than \$5,000 will be treated as a full surrender.**

**Select the Accounts for the Withdrawal:**

Indicate dollar amount or percentage to be withdrawn using whole percentages, not less than 1%. If there is insufficient value to follow the instructions, funds will be withdrawn on a pro rata basis from the account(s).

- \_\_\_\_\_ % Pro rata basis from the account(s).
- \_\_\_\_\_ % Index Account – For values in an index period, interest is credited on each contract anniversary. Amounts withdrawn, other than on the contract anniversary, will not earn index interest.
- \_\_\_\_\_ % Guaranteed Growth Account – Available for contracts generally issued on or after October 10, 2011.

**2. Surrender the Contract**

**Select One:**

- Process immediately
- Process effective on contract anniversary

(If no selection, surrender will be processed immediately.)

Also complete Sections 3 & 4

- Send surrender value to a financial institution by EFT (Electronic Funds Transfer) contract value. **Complete Section 3 with account information.** DC 61
- Send surrender value to my address of record by check.
- Apply surrender value to a new application with CMFG Life Insurance Company on the life of \_\_\_\_\_. I intend for this to qualify as a:
  - Section 1035 tax-free exchange. **Submit state-required replacement forms.**
  - Not a Section 1035 tax-free exchange. **Complete Section 4 below and submit state-required replacement forms.**

**If your contract values are in an Index Account, interest is credited on each contract anniversary. Amounts surrendered, other than on the contract anniversary will not earn Index Interest. If 'Process Immediately' is selected, index interest will not be credited. Therefore, consideration of the contract anniversary date and index expiration date should be made when requesting a full surrender. The undersigned hereby agrees that the contract and all coverage provided by the contract terminates on the date this agreement is received in the Company's home office in Waverly, Iowa. All other rights and claims of the contract are hereby surrendered effectively immediately.**

- Surrenders will only be processed with an original form signed by the policyowner.
- Surrenders may be subject to surrender charges.

**3. Electronic Funds Transfer (EFT)**

As payee under the annuity contract, I authorize and direct the Company to retain my account information and initiate Electronic Funds transfer entries to my account below. I understand funds will be credited to my account approximately two (2) business days after the transaction is processed. DC 05

Name of Financial Institution \_\_\_\_\_ Account Number \_\_\_\_\_  
City/State \_\_\_\_\_ Routing Number \_\_\_\_\_  
Account Owner \_\_\_\_\_ (9 digit number)

**Type of Account**  Checking/Share Draft  Savings/Share Account

**Please attach a voided check so that we may verify the routing and account numbers.**

**4. WITHHOLDING ELECTION ON TAXABLE AMOUNTS** (For all distributions, except for Section 1035 tax-free exchanges.)

DC 05

**ALERT:** This section is required for all distributions.

**ELECTION: IF YOU DO NOT MAKE AN ELECTION, WITHHOLDING WILL APPLY, AND THE APPLICABLE FEDERAL INCOME TAX AND STATE INCOME TAX WITHHOLDING WILL BE WITHHELD FROM THE TAXABLE PORTION OF YOUR DISTRIBUTION.**

Please check the appropriate box below.

- I do not want to have federal or state income tax withheld from this distribution.
- Withhold the amount as provided in the income tax withholding guidelines. Withholding will only apply to the taxable portion of the distribution or withdrawal. If an additional amount of withholding is needed, please note in special instructions.

**NOTICE: If no election is made, withholding rules will apply.**

**Notice of Withholding.** This distribution you are requesting is subject to mandatory federal income tax withholding (and state withholding in some states) unless you elect not to have withholding apply. Withholding only applies to the taxable portion of your distribution. If the taxable portion is unknown, withholding will apply to the gross amount of the distribution. This may result in excess withholding on the distribution. If an election is not made, the applicable federal income tax (and state income tax if required by your state) will be withheld. If you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax and you may incur penalties under the estimated tax rules if your withholding and estimated tax payments are insufficient.

**5. REALLOCATION OF ACCOUNT(S)**

For contracts generally issued on or after October 10, 2011.

Allocation percentage changes will be effective on the contract anniversary following receipt of this form at the Home Office of the Company. Use whole percentages, not less than 1%. The accounts will automatically be rebalanced annually on the contract anniversary.

\_\_\_\_\_ % Index Account

\_\_\_\_\_ % Guaranteed Growth Account

**6. REMARKS OR SPECIAL INSTRUCTIONS**

**7. SIGNATURES**

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

**The owner of the policy must sign below.** Any irrevocable beneficiaries or collateral assignees must sign to authorize the transaction. The undersigned hereby agrees to authorize the transaction(s) above which affect my (our) interest in this policy.

_____	_____	_____
Owner's Signature	Date	Co-owner(s) Signature(s), if any
_____	_____	_____
Irrevocable Beneficiary(ies)/Collateral Assignees, if any	Date	Representative's Name/Number