



CMFG Life Insurance Company

(not for use with 403(b) Tax Sheltered Annuities)

2000 Heritage Way  
Waverly, IA 50677

Policy Number \_\_\_\_\_ (one per form) Insured's Name \_\_\_\_\_

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

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

Owner's Address \_\_\_\_\_  
City State ZIP Code

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

**5. Policy Loan Application**

Send \$ \_\_\_\_\_ by EFT (Electronic Funds Transfer). **Complete Section 4 with account information.** DC 38

Send \$ \_\_\_\_\_ by check.

Send maximum loan value by  Check  EFT (**Complete Section 4**)

\$ \_\_\_\_\_ to pay the \_\_\_\_\_ premium due \_\_\_\_\_ on policy number \_\_\_\_\_

Loan amount may include portion of dividends unless otherwise requested. I understand that any existing indebtedness or unpaid premiums shall be included in the new loan total. I further understand that there may be a taxable amount if the policy is an annuity or life insurance policy that has been classified as a Modified Endowment Contract. The loan is to be completed in accordance with the terms of the policy.

**If contract is a modified endowment or an annuity, complete Section 8 below.**

**Repayment Plan**

To establish a formal loan repayment plan, complete the following:

Begin drafting my checking account \$ \_\_\_\_\_ per month using the Automatic Check Plan.

Add \$ \_\_\_\_\_ per month to my existing loan repayment Automatic Check Plan.

Add \$ \_\_\_\_\_ loan repayment to each premium notice I receive.

**6. Partial Withdrawal of Cash Value**

Send \$ \_\_\_\_\_ by EFT (Electronic Funds Transfer). **Complete Section 4 with account information.** DC 49

Send \$ \_\_\_\_\_ by check.

Withdraw \$ \_\_\_\_\_ to pay the \_\_\_\_\_ premium(s) on policy numbers \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Apply \$ \_\_\_\_\_ to new application on life of \_\_\_\_\_.

Apply \$ \_\_\_\_\_ as a partial 1035 tax-free exchange to new application on the life of \_\_\_\_\_.

*Also complete Section 8*

I understand this withdrawal cannot be repaid and that it decreases the policy's guaranteed cash value and amount payable at death. **Complete Section 8 below (unless withdrawal is a 1035 exchange).**

**7. Surrender and/or Cancel Policy**

Send surrender value by EFT (Electronic Funds Transfer). **Complete Section 4 with account information.** DC 61

Send surrender value by check.

Apply surrender value to new application on the life of \_\_\_\_\_.

Apply surrender value as a 1035 tax-free exchange to new application on the life of \_\_\_\_\_.

*Surrender charges may apply.*

*Also complete Section 8*

The undersigned hereby agrees that this policy and all coverage thereunder shall terminate on the effective date of termination. All rights, claims, and coverages are hereby surrendered on that date. In consideration thereof, the Company shall waive receipt of the policy if otherwise required and pay to the owner the current cash surrender value as of that date or apply the value as requested stated above. Surrenders will only be processed with an original form signed by the policyowner. **Complete Section 8 below (unless the surrender is part of a 1035 exchange).**

**8. Notice of Withholding.** The distribution you are requesting is subject to mandatory federal income tax withholding (and state income tax 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 payment although it is not subject to withholding because it is excludible from gross income. This may result in excess withholding on the payment. **If you do not make an election to have no withholding, 10% federal income tax and the applicable state income tax will be withheld from the taxable portion of your distribution.** 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. *You may request additional withholding amounts in the Special Instructions Section below.*

**Withholding Election: Check the appropriate box.**

I do NOT want any federal or state income tax withheld from this distribution.

Withhold the amount as provided in the withholding guideline.

**Remarks or Special Instructions:**

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**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)

\_\_\_\_\_  
Irrevocable Beneficiary(ies)/Collateral Assignees, if any Date Rep Name/Number or Witness