

**SERVICE REQUEST**

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

**Side A**

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

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

Owner's Address \_\_\_\_\_ Street  Check if new address  
(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 [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**1. Dividend Withdrawal**

Send \$ \_\_\_\_\_ by EFT (Electronic Funds Transfer). **Complete Section 4 with account information.** DC 09

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

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

Paid-Up Additions  \$ \_\_\_\_\_ to apply toward loan on policy number \_\_\_\_\_.

Other \_\_\_\_\_

**Dividends withdrawn/paid-up additions surrendered may not be repaid. Complete Section 8 on Side B.**

**2. Dividend Option Change**  
*Future Dividends Only*

1.  Pay owner by check 3.  Accumulate at interest 5.  Annually pay premiums from dividend values DC 09

2.  Apply to premium\* 4.  Purchase Paid-up Additions (not available on term policies) 6.  Apply to loan principal

\* Available on direct bill premium payment plans with premiums due on the policy anniversary.

**3. Purchase Additional Insurance with Dividend Accumulations**

Use dividend accumulations of \$ \_\_\_\_\_ to purchase paid-up additional insurance DC 09

**Up to the maximum of \$5,000 of dividend accumulations can be converted during the life of the policy.**

**4. Electronic Funds Transfer (EFT) Instructions** DC 12

As payee under the policy, I hereby authorize and direct CMFG Life Insurance Company to retain my account information and initiate Electronic Funds transfer entries to my account below. Funds will be in my financial institution account within 48 hours (on business days) from the date the transaction is processed.

Name of Financial Institution \_\_\_\_\_ Account Number \_\_\_\_\_

City/State \_\_\_\_\_ Routing Number \_\_\_\_\_ (9 digit number)

Account Owner \_\_\_\_\_

Checking/Share Draft  Savings/Share Account

**Please attach a voided check to verify routing and account numbers.**

**Certification of Taxpayer Identification Number** DC 05

**Under penalties of perjury, I certify that:**

- I am a U.S. person (including a U.S. resident alien), and
- 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
- The number shown on this form is my correct taxpayer identification number, and
- 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.

**Remarks or Special Instructions:**

---



---

**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)

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

MEMBERS Life Insurance Company

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

P.O. Box 61  
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. DC 05

**Remarks or Special Instructions:** \_\_\_\_\_

**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