

**SERVICE FORM  
FOR MEMBERS® ZONE  
ANNUITY**

Office Use Only  
WQ: 641

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**  
Also complete Sections 3 & 4

Send \$ \_\_\_\_\_ to a financial institution by EFT (Electronic Funds Transfer). DC 49  
**Complete Section 3 below.**

Send \$ \_\_\_\_\_ to my address of record by check.

Apply \$ \_\_\_\_\_ to new application for \_\_\_\_\_, as a:

- Section 1035 tax-free exchange. **Submit state-required replacement forms and CLS-375(ML).**
- 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 and market value adjustment. A request that would reduce the surrender value to less than \$2,000 will be treated as a full surrender.**

Funds will be withdrawn on a pro rata basis from the Risk Control Accounts.

- The withdrawal will be effective the date all necessary documents are received in our administrative office.

**2. Surrender the Contract**  
Also complete Sections 3 & 4

**Select Timing of Surrender:** DC 61  
Select One:

Process the surrender immediately.  
• **Surrenders may be subject to surrender charges and market value adjustment.**

Process the surrender effective the end of the Initial Index Period.

**\* If no selection, surrender will be processed immediately.**

**Select Disbursement Method:**

Send surrender value to a financial institution by EFT (Electronic Funds Transfer) contract value. **Complete Section 3 with account information.**

Send surrender value to my address of record by check.

Apply surrender value to a new application for \_\_\_\_\_, 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.**

**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 administrative office. All other rights and claims of the contract are hereby surrendered effectively immediately.**

- **Surrender will only be processed with a form signed by the policyowner.**

**3. Electronic Funds Transfer (EFT)** DC 56

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.

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

**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. REBALANCING OF THE RISK CONTROL ACCOUNTS**

DC 33

Rebalancing of the Risk Control Accounts occurs on the contract anniversary. Allocation percentage changes will be effective on the contract anniversary following receipt of this form at the administrative office of the company.

Use whole percentages, not less than 1%. The accounts will be rebalanced annually on the contract anniversary.

\_\_\_\_% Secure Account

\_\_\_\_% Growth Account

**Total 100%**

**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