

**DISTRIBUTION SERVICE FORM
FOR VARIABLE ANNUITY**

(Not for use with 403b's – Tax Sheltered Annuities)

Contract Number _____

Owner's Name(s) _____ Owner's Phone Number _____

Owner's Address(es) _____ Check if new address

Owner's Date(s) of Birth _____

Owner's Social Security Number(s)									
				-			-		

OR

Owner's Employer Identification Number									
		-							

A. ONE TIME PARTIAL WITHDRAWAL (Also Complete Sections C, D, and G)

- EFT (Electronic Funds Transfer) \$ _____ (Complete Section D). DC 49
- Send \$ _____ by check as a partial withdrawal.
- Apply \$ _____ to new application on the life of _____.
- Apply \$ _____ as a partial 1035 tax-free exchange to new application on the life of _____.

(Complete form CLS-375)

If the proceeds from this withdrawal are being used to fund a new CMFG Life Insurance Company contract, the undersigned directs us to process the partial withdrawal on this contract at such time as the new contract is issued.

Withdrawals may be subject to surrender charges. Withdrawals from a guarantee account may be subject to an interest adjustment. The partial surrender is to be effective the date this form reaches the Home Office of the Company. A partial surrender request that would reduce the surrender value to less than \$2,000 will be treated as a full surrender. Indicate dollar amount or percentage to be surrendered. Use whole percentages, not less than 1%.

A withdrawal may impact your guaranteed death benefit or benefits provided by the Guaranteed Withdrawal or Guaranteed Minimum Accumulation Benefit Rider.

- | | |
|---|---|
| _____ \$/% Conservative Allocation | _____ \$/% Mutual Global Discovery VIP IV |
| _____ \$/% Moderate Allocation | _____ \$/% Oppenheimer Main Street/VA Svc |
| _____ \$/% Aggressive Allocation | _____ \$/% Oppenheimer Main Street Small Cap/VA Svc |
| _____ \$/% Vanguard VIF Money Market | _____ \$/% Oppenheimer Intl Growth/VA Svc |
| _____ \$/% Diversified Income | _____ \$/% Invesco VI Growth & Income |
| _____ \$/% Core Bond | _____ \$/% Invesco VI Mid Cap Growth |
| _____ \$/% High Income | _____ \$/% Invesco VI Government Securities** |
| _____ \$/% Large Cap Value | _____ \$/% Invesco VI Global Real Estate |
| _____ \$/% Large Cap Growth | _____ \$/% BlackRock Global Allocation VI*** |
| _____ \$/% Mid Cap | _____ \$/% Strategic Income* |
| _____ \$/% International Stock | _____ \$/% T Rowe Price International Stock* |
| _____ \$/% PIMCO VIT Total Return | _____ \$/% Oppenheimer Global Strategic Income* |
| _____ \$/% PIMCO VIT Global Bond (Unhedged) | _____ \$/% Developing Markets* |
| _____ \$/% PIMCO VIT CommodityRealReturn | _____ \$/% _____ Year Guarantee Period/Account |
| _____ \$/% Franklin Income VIP IV | _____ \$/% Other _____ |

* Only available on MEMBERS® Variable Annuity I contracts.

** Only available on MEMBERS® Variable Annuity III contracts.

*** Only available on MEMBERS® Variable Annuity III contracts issued on or after May 1, 2009.

If a subaccount or guarantee/fix account has insufficient value to follow instructions, funds will be withdrawn on a pro rata basis from all subaccounts and/or guarantee/fix period. If applicable, the foundation account will be excluded unless all other subaccounts are depleted. The requested withdrawal and any charges will be withdrawn from the subaccounts.

B. SURRENDER THE POLICY FOR CASH (Also Complete Sections C, D, AND G)

- Send the surrender value by EFT (Electronic Funds Transfer) (Complete Section D). DC 61
- Send the surrender value by check.
- Surrender/Apply surrender value to new application on the life of _____.
- Surrender/Apply surrender value of this policy as a 1035 tax-free exchange to new application on the life of _____.

Withdrawals may be subject to surrender charges, if applicable to your contract. Withdrawals from a guarantee/fix period may be subject to market value adjustment. The undersigned hereby agrees that the contract and all coverage provided by the contract will terminate on the date this agreement is received in the Company's Home Office in Waverly, Iowa. All other rights and claims under the contract are hereby surrendered effective immediately. If the surrender proceeds are being used to fund a new CMFG Life contract, the undersigned directs us to surrender the current contract at such time as the new contract is issued. Surrenders will only be processed with an original form signed by the policyowner.

C. WITHHOLDING ELECTION ON TAXABLE AMOUNTS

ALERT: This section is required for all distributions.

DC 05

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 payment. This may result in excess withholding on the payment. 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.

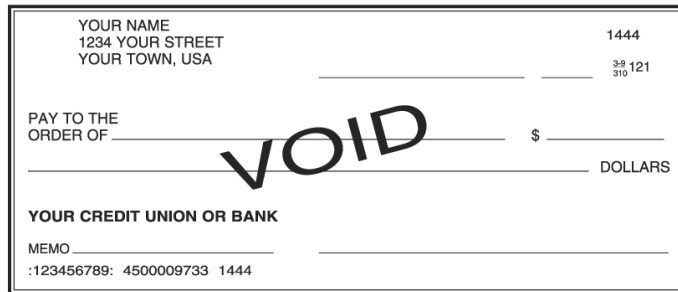
D. EFT (Electronic Funds Transfer) INSTRUCTIONS

ALERT: This section is required for all distributions if funds are to be sent electronically to your financial institution.

DC 56

Name of Financial Institution _____ City/State _____
 Account Owner _____ Routing Number _____
 Checking/Share Draft Savings/Share Account Account Number _____

For your convenience, we will retain your account information provided above, to automatically credit your account, approximately two business days after the withdrawal date. Please attach a voided check so we may obtain the correct account numbers.



Routing Number Account Number

E. SPECIAL INSTRUCTIONS

Blank area for special instructions.

F. SYSTEMATIC WITHDRAWAL PLAN REQUEST (Also Complete Sections C and G)

To start lifetime payments under your Guaranteed Withdrawal Benefit, please complete form CLS-502.

DC 37

PLEASE READ BEFORE COMPLETING THIS FORM

INSTRUCTIONS: To initiate or modify your Systematic Withdrawal plan, complete sections 1, 2, 3, and 4.

To terminate an existing program, complete section 5.

NOTE: This form is not to be used for withdrawals requested under the required minimum distribution basis or the substantially equal payment basis. This program is not available for Trusteed Qualified Retirement Plans.

- Requested amount must be at least \$100.
- If owner is under age 59½, a 10% early withdrawal penalty can occur.
- A withdrawal may impact your guaranteed death benefit or benefits provided by the Guaranteed Withdrawal or Guaranteed Minimum Accumulation Benefit Rider.

1. SELECT A PAYMENT FREQUENCY

I would like my withdrawals made under one of the following payment frequencies:

- Monthly Quarterly Semiannually Annually

2. SELECT A START AND STOP DATE

I would like my first withdrawal made on _____.*
Month/Day/Year

* If a date is not selected, my first withdrawal will be made upon receipt of this form at the Home Office of the Company. If the date falls on a weekend or holiday, the withdrawal will be made on the following business day.

OPTIONAL: I would like to stop my systematic withdrawals on _____.
Month/Day/Year

NOTE: A withdrawal that would reduce the surrender value to less than \$2,000.00 will be treated as a full surrender.

3. AUTHORIZATION FOR SYSTEMATIC WITHDRAWAL PLAN WHEN SURRENDER CHARGES ARE ASSESSED

- I authorize CMFG Life Insurance Company to continue my Systematic Withdrawal Plan if surrender charges are ever assessed on my withdrawal.
- I authorize CMFG Life Insurance Company to discontinue my Systematic Withdrawal Plan if surrender charges are ever assessed on my withdrawal.

NOTE: If no election is made, the Systematic Withdrawal Plan will discontinue if surrender charges would be assessed.

4. SELECT YOUR SYSTEMATIC WITHDRAWAL AMOUNT (Complete section C to elect withholding. Complete Section D to have funds sent electronically.)

I would like my withdrawals to be made in the following amount: \$ _____.

Check ONE of the four systematic withdrawal options below:

- Specified Percentage (Use whole percentages not less than 1%.)
- Specified Dollar Amount
- Specified Target Remainder*
- Interest Only from Fixed Account Option – (VAIII Only)

Select the subaccounts below:

- Pro Rata (excluding the Foundation Account if applicable)
- _____ \$/% Conservative Allocation
- _____ \$/% Moderate Allocation
- _____ \$/% Aggressive Allocation
- _____ \$/% Vanguard VIF Money Market
- _____ \$/% Diversified Income
- _____ \$/% Core Bond
- _____ \$/% High Income
- _____ \$/% Large Cap Value
- _____ \$/% Large Cap Growth
- _____ \$/% Mid Cap
- _____ \$/% International Stock
- _____ \$/% PIMCO VIT Total Return
- _____ \$/% PIMCO VIT Global Bond (Unhedged)
- _____ \$/% PIMCO VIT CommodityRealReturn
- _____ \$/% Franklin Income VIP IV
- _____ \$/% Mutual Global Discovery VIP IV
- _____ \$/% Oppenheimer Main Street/VA Svc
- _____ \$/% Oppenheimer Main Street Small Cap/VA Svc
- _____ \$/% Oppenheimer Intl Growth/VA Svc
- _____ \$/% Invesco VI Growth & Income
- _____ \$/% Invesco VI Mid Cap Growth
- _____ \$/% Invesco VI Government Securities***
- _____ \$/% Invesco VI Global Real Estate
- _____ \$/% BlackRock Global Allocation VI****
- _____ \$/% Strategic Income**
- _____ \$/% T Rowe Price International Stock**
- _____ \$/% Oppenheimer Global Strategic Income**
- _____ \$/% Developing Markets**
- _____ \$/% Other _____

*Specified Target Remainder of Variable Contract Value: Specify a dollar amount to remain in the selected subaccounts, with any dollar amount in excess of that target remainder to be withdrawn each payment period.

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***Only available on MEMBERS® Variable Annuity III contracts.

****Only available on MEMBERS® Variable Annuity III contracts issued on or after May 1, 2009.

5. TO TERMINATE AN EXISTING SYSTEMATIC WITHDRAWAL PLAN

- I would like to terminate my Systematic Withdrawal Plan.

G. CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER

DC 05

Under penalties of perjury, I certify that:





- 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. The owner of the policy must sign below.

Irrevocable beneficiaries or collateral assignees must sign to authorize the transaction. The undersigned hereby agree to authorize the transaction(s) as stated above which affect my (our) interest in this policy. Withdrawals processed to fund a new contract will be processed when the new contract is issued.

PLEASE SIGN BELOW: I hereby authorize the above transaction(s). I accept the terms and conditions contained on this form. I understand that it is my responsibility to consult with my personal tax advisor regarding the tax consequences of the above withdrawals. Furthermore, I will not hold the Company liable for any direct or indirect damage or loss including (without limitation) taxes suffered or incurred by me or my beneficiary(ies) as a result of those matters.

	_____	_____
	Owner's/Participant's Signature	Month/Day/Year
	_____	_____
	Co-Owner's/Participant's Signature, if any	Month/Day/Year
	_____	_____
	Irrevocable Beneficiary(ies)/Collateral Assignees, if any	Month/Day/Year
	_____	_____
	Rep Name/Number	Month/Day/Year