

CMFG Life Insurance Company

Administrative Office
P.O. Box 61 • Waverly, IA 50677-0061
Phone: 800.779.5433

Side A

Policy Number _____ (one per form) Insured's Name _____

Owner's Name _____ Owner's Phone No. _____

Owner's Address _____
Street
City State Zip

Check if new address
(If additional policy numbers to be changed, please indicate in Remarks section below.)

Owner's Date of Birth _____

Owner's Social Security Number - -	OR	Owner's Employer Identification Number -
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1. Premium Mode Change	<input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Quarterly <input type="checkbox"/> Preauthorized Payment Plan -- Form CU0168-1 and void check required	DC 65
2. Paid-up Policy	<input type="checkbox"/> Discontinue premium payment and place policy on Paid-up Insurance status.	DC 16
3. Nonforfeiture Options	<input type="checkbox"/> Change Nonforfeiture Option to: <input type="checkbox"/> Automatic Premium Loan <input type="checkbox"/> Automatic Premium Loan to Extended Term <input type="checkbox"/> Extended Term Insurance <input type="checkbox"/> Automatic Premium Loan to Reduced Paid-up <input type="checkbox"/> Reduce Paid-up Insurance <input type="checkbox"/> Lapse	DC 16
4. Electronic Funds Transfer (EFT) Instructions	As Payee under the policy(ies) referenced above, I hereby authorize and direct CMFG Life Insurance Company to retain my account information and initiate Electronic Funds transfer entries to my account at the financial institution listed below. Name of Financial Institution _____ City/State _____ Account Owner _____ Routing # _____ Account # _____ <input type="checkbox"/> Checking/Share Draft <input type="checkbox"/> Savings/Share Account (9 digit #) Please attach a voided check so we may obtain the correct account numbers. Electronic Funds Transfer means the funds will be in your Financial Institution account within 48 hours from the date the transaction is processed. If your Financial Institution is closed on that day, the money will be in your account the first working day following.	
5. Dividend Withdrawal <input type="checkbox"/> Accumulations <input type="checkbox"/> Paid-Up Additions	<input type="checkbox"/> EFT (Electronic Funds Transfer) Complete Section 6. <input type="checkbox"/> In cash \$ _____ <input type="checkbox"/> \$ _____ to pay the _____ premium due ___/___/___ on policy number _____ <input type="checkbox"/> \$ _____ to apply toward loan on policy number _____ <input type="checkbox"/> Other _____	DC 09

Remarks or Special Instructions:

Irrevocable beneficiaries or collateral assignees must sign to authorize the transaction. The undersigned hereby agrees to authorize the transaction(s) as stated above which affect my (our) interest in this policy. I hereby authorize the above transaction(s).

Insured*	Date	Witness
Owner	Date	Rep Name / Number

*The owner of the policy must sign. For adult's contracts, this normally is the insured. It could also be a person named as owner on the application or by absolute assignment.

Duplicate copies of this form will not be accepted by our Office.

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Side B

Policy Number _____ (one per form) Insured's Name _____

Owner's Name _____ Owner's Phone No. _____

Owner's Address _____
 _____ Street
 _____ City _____ State _____ Zip _____

Check if new address
(If additional policy numbers to
be changed, please indicate in
Remarks section below.)

Owner's Date of Birth _____

Owner's Social Security Number - -	OR	Owner's Employer Identification Number -
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6. Dividend Option Change <i>Future Dividends Only</i>	1. <input type="checkbox"/> Pay owner by check 2. <input type="checkbox"/> Apply to premium*	3. <input type="checkbox"/> Accumulate at interest 4. <input type="checkbox"/> Purchase paid-up additions (Not available on term policies)	5. <input type="checkbox"/> Apply to loan principal	DC 09
*Available on direct bill premium payment plans with premiums due on the policy anniversary.				

7. Policy Loan Application	<input type="checkbox"/> EFT (Electronic Funds Transfer) Complete Section 6. <input type="checkbox"/> In cash \$ _____ <input type="checkbox"/> Maximum loan <input type="checkbox"/> \$ _____ 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.	DC 38
Repayment Plan	To establish a formal loan repayment plan, complete the following: <input type="checkbox"/> Begin drafting my check account \$ _____ per month using the Preauthorized Payment Plan. <input type="checkbox"/> Add \$ _____ per month to my existing loan repayment Preauthorized Payment Plan. <input type="checkbox"/> Add \$ _____ loan repayment to each premium notice I receive.	

Certification of Taxpayer Identification Number	<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> 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) <p>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.</p>	DC 05
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Remarks or Special Instructions:

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

Irrevocable beneficiaries or collateral assignees must sign to authorize the transaction. The undersigned hereby agrees to authorize the transaction(s) as stated above which affect my (our) interest in this policy. I hereby authorize the above transaction(s).

Insured*	Date	Witness
Owner	Date	Rep Name / Number

*The owner of the policy must sign. For adult's contracts, this normally is the insured. It could also be a person named as owner on the application or by absolute assignment.

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