REQUEST FOR SERVICE FORM

LIFE INSURANCE POLICIES ONLY

(Please print all information clearly)

Colonial Life®

Making benefits count.

Named Insured _____ Social Security Number _____

LAST FIRST MI

Street Address _____ City _____ State _____ Zip _____

Phone # (h) _____ (w) _____ DOB _____

MM/DD/YYYY

❑ Check here if the above address is a new address.

ONLY SELECT 1 OF THE 3 OPTIONS BELOW, PER POLICY NUMBER.

1. Policy Loan

Policy loans are available on Whole and Universal Life policies only. Loan transactions will affect the surrender value of your life insurance policy. Although policy loans are permitted under your contract, you need to be aware of how this transaction will affect your policy. Interest will accrue on your outstanding policy loan and is due on your outstanding loan balance. Unpaid loan interest may cause your policy to terminate if the sum of your loan balance plus unpaid loan interest ever exceeds your cash value. In addition, your policy proceeds payable will be reduced by the amount of any outstanding loan and unpaid loan interest due at the time of death or should you surrender your policy.

Policy Number(s) _____

❑ I am requesting a policy loan for the maximum amount available

or

❑ I am requesting a policy loan for the following amount $ _____. If the amount requested is more than the available cash value, we will process this request for the maximum amount available.

By setting up a systematic payment schedule to repay your loan, you can restore the cash value of your policy. You will receive annual loan interest notices until the loan is paid in full. Whenever you are repaying your loan, please note on the check that it is a loan payment.

❑ I am also requesting information regarding repayment of my loan on my Universal Life policy

By signing on the reverse side, I hereby assign the policy to the insurer as collateral.

2. Withdrawal / Partial Surrender

For Universal Life policies only. Although policy withdrawals are permitted under your contract, you need to be aware of how this transaction will affect your policy. Withdrawal transactions will affect the cash value of your life insurance policy. A policy withdrawal represents funds subtracted from the cash value of your policy, lowers the death benefit of the policy and cannot be repaid.

Policy Number(s) _____

❑ I am requesting a policy withdrawal / partial surrender for the maximum amount available

or

❑ I am requesting a policy withdrawal / partial surrender for the following amount $ _____. If the amount requested is more than the available cash value, we will process this request for the maximum amount available.

3. Policy Cancellation, Surrender or Rider Cancellation

Surrender transactions terminate your coverage, including any riders. If there was a taxable gain on your policy cash surrender value, we have withheld the applicable Federal Income Tax (FIT) unless you specified otherwise. If we withheld FIT, your proceeds were reduced by the amount of the taxes withheld. Gains realized on any life insurance policies, when surrendered, are reported to the Internal Revenue Service on Form 1099-R. We will mail you a 1099-R if gains are reported.

Policy Number(s) _____

❑ Cancel / surrender the policy(s). **This option will cancel or cash surrender your policy.**

❑ Cancel the following riders on the policy(s). **This option will cancel policy riders only.**

- ❑ Spouse rider
- ❑ Dependent rider (This will cancel coverage for all dependents.)
- ❑ Other (name rider) _____

Tax Withholding Options

Please read and complete this section if you are requesting a surrender or withdrawal. Election of a tax withholding option is not available for tax-qualified products. The insurer is required to withhold 20% of any realized gain for tax-qualified products unless proceeds are rolled directly into an IRA or other qualified retirement plan. Under certain criteria established by the Treasury Department, a gain may be reportable by the insurer at the time of surrender, partial surrender or withdrawal of this policy resulting in taxable income for the current tax year. If a gain is reportable, an IRS Form 1099-R will be sent to you at the beginning of the next calendar year, reporting the realized gain, and a copy of Form 1099-R will be sent to the IRS. If a gain is reportable, the insurer is required to withhold 10% federal tax from the payment unless the policy owner elects not to have any federal tax withheld.

Choose one of the following options for Federal tax withholding: (If an option is not selected, we will automatically withhold for the tax.)

- ❑ I DO NOT want Federal Income Tax withheld.
- ❑ I DO want Federal Income Tax withheld.

Special Notice for Residents of a Community Property State: A spouse of former spouse may have an interest in life insurance proceeds or any accumulated cash value if the policy premiums were paid with community funds. It is your responsibility to consult your legal advisor to 1) ensure that any required consent from a spouse or former spouse has been received and 2) ensure that your spouse or former spouse will not be able to make a claim against any policy values and/or proceeds in the event any policy benefits become payable.

Signatures Required

You must fill out this section completely in order for us to process your request. Be sure to list a social security number and date of birth below. Failure to provide social security number and date of birth may delay processing.

Policy owner's Social Security Number _____ Policy owner's Date of Birth _____
MM/DD/YYYY

Policy owner's mailing address _____
STREET CITY STATE ZIP

Policy owner's daytime phone # _____ Policy owner's Email _____

I have carefully read this request and agree that it is properly and fully completed. I understand that this request is subject to the provisions and conditions of the policy and that the company may require additional information or requirements. I certify that the policy is not pledged or assigned to any other person or corporation, except where stated in the request, and that no proceedings or bankruptcy or insolvency have been filed or are now pending. I further certify that the policy(s) is not jointly owned community property or in the alternative, applicable consents have been received.

I certify the **Social Security Number and Date of Birth** indicated is correct, and I hereby authorize Colonial Life to execute this request.

Policy owner's name (printed) _____

Policy owner's signature _____ Date _____

**** Policyowner may be different than the premium payor or insured person****

****Only complete this section if there is an assignment on your life policy(s)****

Assignee's name (printed, if any) _____

Assignee's signature (if any) _____ Date _____

PLEASE BE SURE TO SIGN AND DATE

MAIL TO:
Colonial Life Insurance Processing Center
PO Box 100130, Columbia, SC 29202-3130

FAX TO:
Colonial Life Insurance Processing Center
1.877.828.9430