




# Request for Service Form

## LIFE INSURANCE POLICIES ONLY

 FAX this direction	<b>FAX this form: 1-877-828-9430</b> Or mail: P.O. Box 1365, Columbia, SC 29202	From:	
			Number of pages:

<b>Insured's name:</b>		First:	Middle initial:	Last:
Social Security number:			DOB: ____/____/____	
Mailing address:		City:	State:	ZIP:
Telephone:		Email:		
<b>Policy number(s)</b>				
1.	3.	5.		
2.	4.	6.		

### Section 1 – Choose only ONE option

<h4>Cancellation</h4> <p> <input type="checkbox"/> Policy  <input type="checkbox"/> Spouse rider  <input type="checkbox"/> Dependent rider (cancels coverage for ALL dependents)  <input type="checkbox"/> Other rider: _____                 </p>	<p>I understand that by electing this option, I am forfeiting all claims to this policy. If this policy has cash value, a check will be forwarded for the proceeds after deduction of applicable surrender charges and outstanding loan balances, if any.</p>
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*Cancellation transactions terminate your coverage including any riders. If cancellation is selected on a policy with cash value, this is considered a full cash surrender, and the policy cannot be reinstated.*

**> OR <**

<p><input type="checkbox"/> <b>Policy loan</b></p> <p>I am requesting a loan against my Policy Cash Value:</p> <p> <input type="checkbox"/> Maximum amount available  <input type="checkbox"/> Specific amount \$ _____                 </p>	<p>I am aware of the negative impact this loan could have on my policy. If the specified amount is more than the available cash value, Colonial Life will process this request for the maximum amount available.</p> <p><input type="checkbox"/> <b>I am also requesting information regarding repayment of my loan on my Universal Life policy.</b></p>
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*If a specified amount is not indicated, a maximum loan will be issued. Although policy loans are permitted under your contract, you need to be aware of how this transaction will affect your policy. Interest will accrue daily on the outstanding policy loan and is due each year on the outstanding loan balance. If the sum of the loan balance plus unpaid loan interest ever exceeds the cash value, the policy could terminate. In addition, the policy's death benefit will be reduced by the amount of any outstanding loan and unpaid loan interest due at the time of death or should you surrender the policy. Please review the policy contract for more information.*

**> OR <**

<p><input type="checkbox"/> <b>Withdrawal/partial surrender</b></p> <p>I am requesting a withdrawal/partial surrender:</p> <p> <input type="checkbox"/> Maximum amount available  <input type="checkbox"/> Specific amount \$ _____                 </p>	<p>I am aware of the negative impact this withdrawal/partial surrender will have on my policy. If the specified amount is more than the available cash value, Colonial Life will process this request for the maximum amount available.</p>
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**Universal Life policies only.** *If a specified amount is not indicated, a maximum withdrawal will be issued. Although policy withdrawals are permitted under your contract, you need to be aware of how this transaction will affect your policy. A policy withdrawal represents funds subtracted from the cash value of the policy, lowers the death benefit of the policy and cannot be repaid. Because of this, the premium may need to be increased at some point in the future or the policy could terminate.*

## Section 2 – Tax withholding options (complete this section if you are requesting a cancellation 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.

If a gain is reportable, an IRS Form 1099R will be sent to you at the beginning of the next calendar year, reporting the recognized gain, and a copy of Form 1099R will be sent to the IRS. If a gain is not reportable when the surrender, partial surrender or withdrawal is processed, an IRS Form 1099R will not be sent. In addition, if a gain is reportable, the insurer is required to withhold 10% of any recognized gain, unless the policy owner elects not to have the tax withheld. You may be subject to penalties under the estimated tax payment rules if you elect not to have tax withheld and payments of estimated tax and other withholding are not adequate to satisfy tax liability.

**Choose one of the following options. If an option is not selected, a withholding will automatically be made.**

- I **DO NOT** want to have Federal Income Tax withheld.
- I **DO** want to have Federal Income Tax withheld.

**Special notice for residents of a Community Property State:** A spouse or 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.

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 and requirements. I certify that the policy is not pledged or assigned to any other person or corporation, except where stated in 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.

## Section 3 – Required signature

_____		_____	
Policy owner's signature		Date (MM/DD/YYYY)	
Name of policy owner:		DOB: ____/____/____	SSN:
Address:	City:	State:	ZIP:
Telephone:	Email:		

**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: