



CLIENT SERVICES DEPARTMENT

Name: _____
 Address: _____

Policy # _____
 Insured Name: _____
 Policy # _____
 Insured Name: _____

- PREMIUM DEPOSIT FUND/DIVIDEND - REQUEST FOR POLICY FUNDS -

Dear Policyholder:

Please complete the appropriate section and mail or fax the completed form to the address or fax number noted above. If you have any questions, please call our Client Services Department at (877) 624-2249.

As owner of the policy, I authorize you to compute and apply available funds or values as indicated below:

DIVIDEND

- Send me a check for all dividends available
- Send me a dividend check in the amount of \$ _____

Amount Available:

- Use dividends from my policy # _____ to pay _____ months of premium on policy(s) # _____ # _____ # _____

- \$ _____ Apply \$ _____ of dividends from my policy # _____ to pay the loan balance on policy(s) # _____ # _____ # _____

PREMIUM DEPOSIT FUND

- Send me a check for all Premium Deposit Funds available
- Send me a Premium Deposit Fund check in the amount of \$ _____
- Use my Premium Deposit Funds from my policy # _____ to pay _____ months of premium on policy(s) # _____ # _____ # _____

Amount Available:

- \$ _____ Apply \$ _____ of Premium Deposit Funds from my policy # _____ to pay on the loan balance on policy(s) # _____ # _____ # _____

Please complete this section with all appropriate signatures and information. Missing data may delay processing.

OWNER NAME *(please print)* _____ DATE _____ OWNER SIGNATURE _____

() _____ XXX - XX - _____
 TELEPHONE NUMBER OWNER SOCIAL SECURITY NUMBER *(Last 4 digits)*

MAILING ADDRESS _____ STREET ADDRESS *(If Different from Mailing Address)* _____

Assignee or Irrevocable Beneficiary *(If Applicable)* _____ SPOUSE SIGNATURE *(For Policies Issued in Community Property States: CA, ID, NV, NM, WA and WI)* _____

Witness: _____ Date: _____

(A Witness for all signatures is required to process this request)