

REQUEST FOR SYSTEMATIC DISBURSEMENTS

GENERAL INFORMATION

Policy/Certificate No.: _____ Issued by (the Company): _____
Insured's Name: _____
Owner's Name: _____
Owner's Address: _____
Joint Owner's Name: _____
Joint Owner's Address: _____
City, State, and Zip Code: _____
Daytime Telephone No.: _____ Email Address: _____

SYSTEMATIC LOAN/WITHDRAWAL REQUEST

Please select one of the following:

Program:

- Partial withdrawal to cost basis depletion
 Partial withdrawal to cost basis then loan
 Systematic Loan (Not Available On All Life Insurance Plans)

Payment Option:

- Dollar Amount \$ _____
 Percentage of Cash Surrender Value _____ %

Frequency: Monthly Quarterly Semi-Annual Annual

Payment Method: Check Direct Deposit (please attach voided check)

Date:

Begin Date (10-Day Lead Time Required): _____ End Date (Not Required): _____ Date must be 1 - 28 only.

Specified Number of Disbursements: _____

ELIGIBLE POLICIES

- Policies that have reached their 5th policy/certificate anniversary.
- Policies must maintain a minimum Cash Surrender Value of \$25,000.00 in order to participate in the Systematic Disbursements Program.
- Policies that are not classified as a Modified Endowment Contract, as that term is defined in IRC section 7702A.

State and Federal Taxes will NOT be withheld from the Systematic Disbursement since the withdrawal of GAIN is not allowed.

Note: We encourage our clients to request an illustration before signing up for this program and in each subsequent year so that they can see the impact of any disbursements. The illustration may be needed to maintain the goals and objectives of the policy/certificate. At the start up of a Systematic Disbursement, a one-time set-up fee will be charged for each policy/certificate. The fee will be calculated based on the policy/certificate provisions. This feature is not available on all life insurance plans and may be subject to policy/certificate limitations.

Withdrawals/Loans reduce both the cash value and death benefit of the Policy/Certificate and will not be reversed after completion. A withdrawal could eventually lead to a premature lapse of the Policy/Certificate, and/or cause the Policy/Certificate to become a Modified Endowment Contract. Additionally, a withdrawal/loan may affect and/or forfeit guarantees as stated in the policy contract.

AUTHORIZATION AND SIGNATURES

You certify that you are legally competent to make this agreement that the policy/certificate is not now assigned to any person other than the undersigned, and that no proceedings in bankruptcy or insolvency including any of the undersigned are now pending.

By signing below, you certify that the information provided is complete and accurate as shown.

One officer's signature and a Coporate Resolution are required for corporate-owned or corporate-assigned policies/certificates.

Owner's Signature Title*

Owner's Name Date

Owner's Signature Title*

Owner's Name Date

Joint Owner's Signature Title*

Joint Owner's Name Date

Assignee's/Irrevocable Beneficiary's Signature Title*

Assignee's/Irrevocable Beneficiary's Name Date

*Required for a Corporation, Partnership, or Trust.

Mailing Addresses:

Concord Mailing Address

PO Box 515
Concord, NH 03302-0515

Greensboro Mailing Address

PO Box 21008
Greensboro, NC 27420-1008