

6. DUPLICATE POLICY REQUEST

I am unable to locate the original Policy and request issuance of a DUPLICATE POLICY. I agree that if the original Policy is found, the duplicate Policy will be returned to the Home Office. Enclosed is a \$15.00 fee. A Certificate of Insurance, which provides evidence of coverage, can be provided at no charge.

7. POLICY LOAN REQUEST

I request the maximum loan amount available.

I request a loan in the amount of \$ _____

8. PARTIAL WITHDRAWAL REQUEST (A \$25 administrative fee will be deducted from the Policy's Account Value.)

I request a maximum partial withdrawal.

I request a partial withdrawal of \$ _____

9. CASH SURRENDER / CANCELLATION REQUEST

The undersigned hereby surrenders this Policy for its net Cash Value. It is understood the Company's liability for Death Benefits ends on the date of this request and liability will be restricted to the payment of the cash surrender value, if any. The undersigned declares that no bankruptcy and/or insolvency proceedings have ever commenced that affect the title of this Policy. The undersigned acknowledges that once the Policy has been canceled or the Cash Surrender Value has been paid the Policy cannot be reinstated. Unless otherwise indicated payment of the net Cash Value, if the Policy is collaterally assigned is to be made to the collateral assignee.

PLEASE NOTE: If a Policy is surrendered for its net Cash Value and the amount received is greater than the total premium, the Owner has a taxable gain. All gain must be reported to the IRS by the payor. Also, unless directed otherwise by the payee, the payor must withhold 10% of the taxable gain. Should such gain result from this surrender request and the payee does not wish withholding, please indicate below.

Please do not withhold.

10. OTHER REQUEST: _____

Consent of spouse may be required for Cancellation/Surrender request or Beneficiary change designation of someone other than spouse, in community property states (AZ, CA, ID, LA, NV, NM, TX, WA, WI), or where required. If Owner is legally separated or divorced, attach a copy of the separation agreement or final divorce decree and property settlement.

I acknowledge it is my responsibility to determine whether consent is needed based upon the community/marital property laws in my state. If consent is needed and not obtained, I understand the Cancellation/Surrender request or Beneficiary change designation may be contested.

PRESENT OWNER'S SIGNATURE

SS#

SPOUSE'S SIGNATURE

NEW OWNER'S SIGNATURE

SS#

OTHER SIGNATURE (IF REQUIRED) (IRREVOCABLE BENEFICIARY OR COLLATERAL ASSIGNEE)

If corporate owned, must be signed by an executive officer. Please indicate title and company name.
If owned by partnership, must be signed by the insured and partner.
If owned by a trust, must be signed by trustee. (Provide copy of trust if applicable.)

Multi — Lines
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