



The Sunset Life Insurance Company of America
 PO Box 219564
 Kansas City, Missouri 64121-9564
 Phone # 1-800-678-3668

CUSTOMER SERVICES REQUEST FORM FOR GENERAL AND TAX SHELTERED PRODUCTS

Policy Number _____ Insured _____ Owner (if other than Insured) _____ Home and Work Phone No. _____

1. **PARTIAL WITHDRAWAL** Withdraw \$ _____ from this policy (or the full amount available, if less, to maintain the contractual minimum balance). **This option is available for certain flexible premium annuities and Universal Life policies.**

- NOTE:
1. A \$25 withdrawal fee will be automatically deducted from the cash value of Universal Life policies.
 2. If withholding is selected, your **net** check will be the amount requested.
 3. All Taxable distributions will be reported to the IRS.
 4. If changing a UL loan to a partial withdrawal, all interest accrued will be charged.
 5. Contractual charges will be automatically deducted from the value of Flexible Annuities and Universal Life contracts.
 6. Partial withdrawals on Universal Life contracts may reduce the specified amount and create a need to increase future premium payments.

X _____ X _____
 Signature of Owner Signature of Assignee (if any) Date

2. **SURRENDER** Pay all of the value of this policy and terminate the insurance protection represented by this policy.

- NOTE:
1. All Taxable distributions will be reported to the IRS.
 2. Contractual charges will be automatically deducted from the value of Flexible Annuities and Universal Life contracts.
 3. If your proceeds are eligible and exceed the current applicable minimum set by the Company, an interest bearing checking account will be opened for you and you will promptly receive your personalized checks. If you live in AR, KS, NC or ND you may elect to avoid the interest bearing checking account.

(Please check one)

- Policy returned with original request.
 The policy to be surrendered is enclosed. (Just return the Specifications Page, usually the first page.)
 My policy has been lost, destroyed, stolen, or cannot be located at this time. If the original policy is found, I will return it to you.

X _____ X _____
 Signature of Owner Signature of Assignee (if any) Date

3. **FEDERAL TAX INFORMATION Withholding Election** (Social Security No. must be completed for above transactions)

You are required by law to provide us with your correct taxpayer identification number (Social Security Number.) To verify that we have your correct number, please provide below.

 Social Security No. of Insured

 Social Security No. of Owner

If Social Security Number is not supplied, Federal & State income tax withholding may apply. Under penalty of perjury, I certify that the information supplied on this form is true, correct and complete. The policyowner has not been notified by the Internal Revenue Service that he/she is subject to a back-up withholding order on interest or dividends. (If he/she has been so notified, cross out this entire statement.) If you do not elect to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

Please make your election below. **(If Election is not specified, we will automatically withhold 10%.) *This election includes any State withholding if mandatory.**

- NO, DO NOT** withhold federal income tax from my distribution. **YES, DO** withhold federal income tax from my distribution.

X _____ X _____
 Signature of Owner Signature of Assignee (if any) Date

CAUTION: The taxable portion of a withdrawal from an Annuity policy may be subject to a 10% premature distribution penalty if age is not 59 1/2. You may want to consult a tax advisor.

4. **MANDATORY WITHHOLDING OF 20% APPLIES TO HR-10, 403B, 501C(3) DISTRIBUTIONS**

Effective 1-1-93, the Unemployment Compensation Amendment of 1982 requires a mandatory 20% withholding on HR-10, 403B, 501C(3) distributions paid to the individual. The distribution will be sent no less than 30 days from the date the notice is given on **HR-10 plans** only.

- IRS notice 93-26 states that if certain requirements are met, the 30 days may be waived. I choose to waive the waiting period.

X _____ X _____
 Signature of Owner Signature of Assignee (if any) Date

By signing I acknowledge that I have read the "Special Tax Notice" and understand the conditions.

Remarks: _____

Agent: _____ Agency _____



P O Box 219564/Kansas City, MO. 64121-9564
Phone - 800-678-3668

Policy Number Insured Owner (if other than Insured) Home and Work Phone No.

5. [] TRANSFER All value of the policy to another policy in accordance with Internal Revenue Guidelines.

Pay to: (Full Name & Mailing Address)
and note my account #. I understand this transaction will be reported to the IRS.
It is the responsibility of the participant and the receiving company to determine that the proceeds are handled properly. If there is any question, a tax advisor should be consulted regarding taxability of the distribution. RETURN POLICY for cancellation.

X Signature of Owner X Signature of Assignee (if any) Date

6. [] POLICY LOAN Place a loan against the policy. (Not available for Certain Tax Sheltered Plans.)

[] For the full amount available. [] For \$ cash (or the full amount available, if less).
[] To pay months premium due on [] this policy [] Policy No.

By signing below, owner of policy acknowledges that any loan requested is a first lien on the policy which shall be deducted from any benefits or nonforfeiture values. The owner also represents that the policy is not assigned except as indicted below by signature of assignee, if any, and there are no proceedings in bankruptcy against him/her. (Policy not needed.)

X Signature of Owner X Signature of Assignee (if any) Date

7. [] PREMIUM DEPOSIT FUND (PDF) RIDER WITHDRAWAL

- 1. [] Withdrawal for the full amount available.
2. [] For \$ cash (or the full amount available, if less).
3. [] For \$ to pay premium due on Policy No.

X Signature of Owner X Signature of Assignee (if any) Date

8a. [] PRESENT DIVIDENDS Apply present and accumulated dividends:

- [] To reduce premiums [] Toward policy loan payment [] To be paid in cash
[] To accumulate at interest [] To buy paid-up additional insurance [] As follows
CHANGE DIVIDEND OPTION Apply future dividends as follows

8b. [] CHANGE DIVIDEND OPTION Apply future dividends as follows

9. [] EXERCISE NONFORFEITURE OPTION Apply the value of my policy to provide:

- [] Extended Term Insurance [] Reduced Paid-Up Insurance (Return Policy). Policy will be issued free of indebtedness unless you indicate otherwise in "Remarks" below.

10. [] ADD AUTOMATIC PREMIUM LOAN Whenever premiums become past due, a loan will be processed against the available cash value to pay the premiums. The policy must be paid current when the Automatic Premium Loan is added.

[] SIGNATURES (FOR ITEMS 8 THROUGH 10) Please execute the request(s) I have checked above.

X Signature of Owner X Signature of Assignee (if any) Date

Remarks:

Agent: Agency



P O Box 219564/Kansas City, MO. 64121-9564
Phone - 800-678-3668

Policy Number Insured Owner (if other than Insured) Home and Work Phone No.

11. CHANGE OF NAME On the ___ day of ___, 19___, the Insured's name was changed by:
marriage divorce adoption court order
From ___ To ___
Please Print Name Please Print Name
If change is by marriage, please give spouse's full name ___
If change is by divorce, adoption or court order, provide copies of legal documents to support the change.

12. CHANGE OF ADDRESS
Name
Street City State Zip Code

13. STATEMENT AS TO LOST POLICY AND REQUEST FOR LOST POLICY CERTIFICATE
1. The owner and all others who have signed below state that the policy and any duplicate or lost policy certificate issued previously cannot be located.
2. That no sale, pledge, gift or assignment of the policy has been made except to any assignee who has signed below.
3. We request that the Sunset Life Insurance Company issue a lost policy certificate. If the policy or lost policy certificate is found, we will return it to Sunset Life Insurance Company.

SIGNATURES FOR ITEMS 11 THROUGH 13 Please execute the request(s) I have checked above.
X Signature of Owner X Signature of Assignee (if any) X Social Security No. Date

14. CHANGE OF OWNERSHIP This section is for simple change of ownership only. (For Trusts-List Full Name & Date of Trust)
At the request of ___, the owner, it is understood and agreed that all incidents of ownership and control of this Policy shall hereafter be vested in ___
Name of New Owner Relationship Date of Birth Social Security Number(s)

Street City State Zip Code Home and Work Phone No.
and that all transactions shall be valid without notice to or consent of the original owner, and that the SUNSET LIFE INSURANCE CO. shall not be obligated to see to the disposition of any monies which shall be paid in accordance with the terms of this Provision.

If the said ___ shall die during the continuance of this policy, all incidents of ownership and control shall then be vested in ___
(Name of Contingent Owner (List only one) Relationship)

Street City State Zip Code Home and Work Phone No.
Date Signature of Owner

BELOW THIS LINE FOR HOME OFFICE USE ONLY
The above Change of Ownership is recorded as part of the policy file this ___ day of ___, 19___
A letter will be sent to the policyowner at the address of record upon completion of the change.

AUTHORIZED SUNSET LIFE REPRESENTATIVE _____

Remarks: _____

Agent: _____ Agency _____

