Farm Bureau Life Insurance Company
5400 University Avenue
West Des Moines, Iowa
50266-5997

FARM BUREAU FINANCIAL SERVICES

POLICY SERVICE REQUEST

Fax: 800-754-6370

Insured/Annuitant

Policy #

1. CHANGE ADDRESS

☐ Insured/Annuitant ☐ Owner ☐ Payor ☐ Beneficiary

New Address_____

_____

City_____ State _____ Zip _____

(If address is to be changed on other policies, please list numbers or family names in "Other Instructions," page 2, #15. Only those listed will be changed.)

2. CHANGE LAST NAME OF

(Use Form 433-64 to change beneficiary)
(Change Payor in Section 3; Ownership in Section 4)

☐ Insured/Annuitant ☐ Owner ☐ Payor ☐ Beneficiary

From_____

To_____

3. PAYOR CHANGE

New Payor_____

Address_____

_____

City_____ State _____ Zip _____

Citizenship: ☐ U.S. ☐ _____

4. TRANSFER OF OWNERSHIP

To change ownership, indicate new ownership information below. If no change is indicated, previous designations, endorsements or policy ownership provisions will remain in force. Unless otherwise indicated below, the Insured shall become the Owner at the death of the Owner and Contingent Owner (if any).

Multiple owners will be deemed to be joint tenants with full rights of survivorship unless otherwise specified.

If the new Owner is a trust, corporation or other entity, please provide the full title under "Other Instructions," page 2, #15 and also attach form number 433-042 or 433-043, as appropriate.

TRANSFER POLICY OWNERSHIP TO:
(New owner must sign this form)

New Owner_____

Address_____

City_____ State _____ Zip _____

SS/Tax ID #_____ Date of Birth_____

Relationship to Insured_____

Citizenship: ☐ U.S. ☐ _____

CONTINGENT OWNER (Not applicable to annuities) - Upon death of the Owner, ownership shall transfer to:

New Owner_____

Address_____

City_____ State _____ Zip _____

SS/Tax ID #_____ Date of Birth_____

Relationship to Insured_____

Citizenship: ☐ U.S. ☐ _____

5. LOAN REQUEST / REPAYMENT (Life Only)

☐ Maximum amount
☐ Specified amount $_____
☐ Pay current premium due on Policy #_____
☐ Increase EFT by $_____ to apply to loan
☐ Apply annual dividends to loan

6. CHANGE MY PREMIUM PAYMENTS

☐ Annual ☐ Semi-annual ☐ Quarterly ☐_____

If EFT, complete form 433-190.

For flexible premium policies, indicate new billing amount: $_____

7. DIVIDEND WITHDRAWAL

☐ Pay in cash
☐ Pay _____ months premium on Policy # _____
☐ Apply to policy loan on Policy # _____
☐ Apply to pay first premium on attached application dated _____ on _____
☐ Other (explain in "Other Instructions," page 2, #15)

8. CHANGE FUTURE DIVIDEND OPTION

☐ Pay in cash
☐ Premium reduction (except monthly); remainder, if any, to:
  ☐ Pay in cash
  ☐ Accumulate at interest
  ☐ Buy Paid-up Additions
☐ Accumulate at interest
☐ Buy Paid-up Additions

9. CHANGE TO PAID-UP OR EXTENDED TERM

☐ Paid-Up
I elect to make my policy fully paid-up; however, if there is not enough value to make it fully paid-up, endorse it as reduced paid-up.

Remaining dividends (if any) should be:
☐ Pay in cash ☐ Remain with the policy

Future dividends to:
☐ Pay in cash ☐ Accumulate at interest ☐ Buy Paid-up Additions

☐ Extended Term Insurance

10. POLICY CHANGES

☐ Decrease specified / face amount to $ _____
☐ Change (UL/VUL) Death Benefit Option to B (level)
Include cash value ☐ Yes ☐ No
☐ Change Endowment or Retirement Date to _____
☐ Delete Rider _____

11. LOST POLICY

☐ Policy is lost. Please issue a certificate of insurance (charge of $25). Payment of $25 is enclosed with this form. I hereby agree that any certificate issued shall create no liability on the part of the Company other than set out in the original policy, and if at any time the original policy is found, such certificate will be null and void and returned to the Company.

☐ Send copy of latest Annual Statement at no charge

OWNER MUST SIGN ON OTHER SIDE

Insured: _____ Policy # _____

12. SURRENDER POLICY

☐ Partial surrender for $_____ (Annuity/UL/VUL)

☐ Full surrender

This surrender shall not take effect until this form and policy, if required, are received by the Company, but when so received, the Company's liability under the policy, except for payment of the net cash value, shall cease and terminate. In consideration of the payment of the net cash value, I acknowledge that all rights, claims, benefits and demands under the policy are fully settled and satisfied and the Company is hereby released from any and all liability.

13. FEDERAL / STATE INCOME TAX WITHHOLDING

☐ Yes, I want withholding

☐ No, I do not want withholding (If not checked, the Company is required to withhold.)

If I elect no withholding from my distribution, or if I do not have enough federal income tax withheld from this payment, I may be responsible for payment of estimated tax. I may incur penalties under estimated tax rules if my withholding and estimated tax payments are not sufficient.

I understand that I am subject to mandatory federal withholding of 20% on any funds eligible for rollover on any Keogh/Qualified or Tax Sheltered Annuity.

14. REQUIRED MINIMUM DISTRIBUTION - ANNUITIES

☐ Required Minimum Distribution

Is spouse sole primary beneficiary? ☐ Yes ☐ No

If Yes, provide the following:

Spouse Name_____

Spouse Date of Birth_____

15. OTHER INSTRUCTIONS - BE SPECIFIC

16. HOME OFFICE CORRECTIONS AND ENDORSEMENTS

The person signing this form, as Owner, declares that he or she has the legal right to assign, transfer or surrender the subject policy. Such person also declares that no bankruptcy proceedings are in process against the Insured, any owner or assignee. Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that no such interest exists and assumes no responsibility for inquiry. The Owner and/or Insured signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction. For any loan request, the subject policy is assigned to the Company as sole security for the loan. Such assignment conforms to the Policy Loan provisions of the policy, which by reference, are made a part of this Agreement. The Owner, in making such assignment, declares the policy values or benefits are not pledged or assigned to any other person, except as shown in "Other Instructions". The changes requested on this form will not take effect until recorded by the Company at its Home Office. When recorded by the Company, the effective date of the change will be the date of this request without prejudice to the Company. The person signing this form hereby requests that any policy provision which requires submitting the policy for endorsement of the requested change be waived.

ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION, IS GUILTY OF A FELONY.

CERTIFICATION

Under penalties of perjury, I certify that:

1. **The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and**
2. **I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and**
3. **I am a U.S. person (including a U.S. resident alien).**

Certification instructions. You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Current Owner's Signature_____ Date_____

Current Owner's SS# or Tax ID#_____ Daytime Phone #_____

Other Required Signature_____ Date_____
(Assignee, Co-Owners, Irrevocable Beneficiary, etc.)

New Owner's Signature_____ Date_____ Phone#_____

Agent/Reg. Rep_____ Agent #_____ Send to: ☐ Agent ☐ Owner

THIS SPACE FOR HOME OFFICE USE

Recorded at the Home Office

Date _____ _____
(Registrar or Assistant Secretary)