84100101

Agency Office _____ Agent _____

Liberty National Life Insurance Company
Since 1900

REQUEST FOR POLICY LOAN OR CSV

Policy No: _____ Insured: _____

Owner: _____

Mailing Address: _____
Street City State Zip

Telephone Day (_____) _____ Telephone Evening: (_____) _____

❑ **A. Policy Loan Request**
I request a ❑ MAXIMUM LOAN; or a ❑ NET LOAN of $ _____ in accordance with the provisions of this policy. In the event this policy does not contain a provision allowing such loan, I request an amendment to the policy, if allowed by the Company, to the provision as printed on the back of this request.

❑ **B. Cash Surrender Request**
I surrender this policy for cancellation and request payment to me of the full cash value less any indebtedness to the Company. It is understood and agreed that all liability of Liberty National Life Insurance Company arising out of this policy shall terminate and cease upon the acceptance of this request. See IRS notice of withholding applicable to policy surrenders on the bottom of this form.

IRS NOTICE OF WITHHOLDING (On Cash Surrender of Life or Endowment Insurance)

The surrender value you receive from Liberty National Life Insurance Company may be subject to Federal Income Tax withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your surrender value that is included in your income subject to Federal Income Tax.

If you elect not to have withholding apply to your surrender, or if you do not have enough Federal Income Tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are no sufficient.

You must sign this form as owner/assignee and provide your Social Security Number in the space provided on this form. If you do not want Federal Income Tax withheld, you need not do anything further. However, if you want to have taxes withheld, indicate this in the remarks section of this form. In either case, you must furnish your Social Securty Number.

I understand that loan interest as stated in my policy or policy endorsement will apply to any policy loan I make. I also understand that if interest is not paid, it will be charged as an additional loan pursuant to the policy loan provision.

I certify that I am the owner of the policy that it is not assigned, pledged or hypothecated to anyone; there are no bankruptcy or insolvency proceedings pending against me in any court and that no tax lien has been filed agains this policy or the person having the right to the proceeds.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud and is subject to criminal and civil penalties.

This request has been executed at: _____
City State

Date _____ Non-Related Witness: _____ Owner/Assignee Signature: _____

Remarks: _____ Owner/Assignee SSN: __ __ __ - __ __ - __ __ __ __

Please verify that the above address is correct

© 2013 Liberty National Life Insurance Company. All rights reserved.