COLUMBIAN MUTUAL LIFE INSURANCE COMPANY ● HOME OFFICE: BINGHAMTON, NY
COLUMBIAN LIFE INSURANCE COMPANY ● HOME OFFICE, CHICAGO, IL
Administrative Service Offices:
PO Box 1381 ● Binghamton, NY 13902-1381● (800) 423-9765 ● FAX (866) 253-9459
PO Box 1056 ● Syracuse, NY 13201-1056 ● (800) 347-0960 ● FAX (315) 475-6612

REQUEST FOR VALUES FORM

COMPLETE THIS SECTION FOR ALL REQUESTS

Insured/Annuitant: _____ **Policy Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Owner's Address (if different than Insured): _____

Daytime Phone Number: (____) _____ Family Group Number: _____

ALPHABETICAL INDEX

REQUEST	PAGE #'S	SECTION(S)	REQUEST	PAGE #'S	SECTION(S)
CASH SURRENDER	1 & 3	1, 7 & 8	PARTIAL SURRENDER/WITHDRAWAL	1 & 3	2, 7 & 8
DIVIDEND WITHDRAWAL	2 & 3	4 & 8	POLICY LOAN	1 & 3	3 & 8
MRD FROM ANNUITY	2 & 3	6, 7 & 8	APPLY POLICY VALUE TO FUTURE PREMIUMS	2 & 3	5 & 8

1 ☐ **CASH SURRENDER (Full termination of contract)** **SECTION 7 MUST ALSO BE COMPLETED**

The cash surrender value is hereby requested and will be accepted in full payment of and release of all claims under the policy. The surrender will be effective in accordance with the policy provisions.

2 ☐ **PARTIAL SURRENDER OR WITHDRAWAL**
(For Universal Life or Annuities ONLY) **SECTION 7 MUST ALSO BE COMPLETED**

FROM: ☐ Universal Life (May be subject to surrender charges and will reduce the death benefit of the policy. May also be subject to a $25.00 processing fee.)

☐ Annuity (May be subject to surrender charges)

AMOUNT: ☐ $_____ ☐ Maximum amount not subject to surrender charge

3 ☐ **POLICY LOAN** ☐ **$_____**
(Write in the amount – Maximum loan will be processed if it is less than what is being requested)

☐ Maximum amount available

DISTRIBUTION: ☐ Check ☐ Pay the loan or premium(s) due on policy number (List below):

_____

Total number of premiums to pay equals _____

LOAN AGREEMENT: In consideration of the advance by the Company as a loan, all right and interest in the policy is assigned to the Company as sole security for the repayment of the loan with interest, subject to the policy provisions.

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY ● HOME OFFICE: BINGHAMTON, NY
COLUMBIAN LIFE INSURANCE COMPANY ● HOME OFFICE, CHICAGO, IL
Administrative Service Offices:
PO Box 1381 ● Binghamton, NY 13902-1381● (800) 423-9765 ● FAX (866) 253-9459
PO Box 1056 ● Syracuse, NY 13201-1056 ● (800) 347-0960 ● FAX (315) 475-6612

REQUEST FOR VALUES FORM

4 ☐ **DIVIDEND WITHDRAWAL**

FROM: ☐ Accumulations ☐ Paid-Up Additions Cash Value

AMOUNT: ☐ Full Amount ☐ $_____ or full amount available if less.

DISTRIBUTION: ☐ Check ☐ Pay the loan or premium(s) due on policy number (List below):

_____

Total number of premiums to pay equals _____

5 ☐ **APPLY POLICY VALUE TO PAY FUTURE PREMIUMS**

Until further notice or until insufficient values remain, apply values from the above-numbered policy as described below. I understand that policy provisions regarding lapse and non-forfeiture will apply if values are insufficient to pay any future premiums.

☐ Existing Dividend Values

☐ Surrender Value from Flexible Premium Annuity Rider

☐ Surrender Value from Paid Up Additions Rider

☐ Surrender Value from Single Premium Rider

☐ Apply to premiums on policy number:

_____

6 ☐ **MINIMUM REQUIRED DISTRIBUTION (MRD) FROM AN ANNUITY CONTRACT**

SECTION 7 MUST ALSO BE COMPLETED

☐ One time distribution

$_____ from Annuity Contract Number _____

☐ Annual distribution – **This will process annually unless you advise us to discontinue.**

$_____ from Annuity Contract Number _____

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY ● HOME OFFICE: BINGHAMTON, NY
COLUMBIAN LIFE INSURANCE COMPANY ● HOME OFFICE, CHICAGO, IL
Administrative Service Offices:
PO Box 1381 ● Binghamton, NY 13902-1381● (800) 423-9765 ● FAX (866) 253-9459
PO Box 1056 ● Syracuse, NY 13201-1056 ● (800) 347-0960 ● FAX (315) 475-6612

REQUEST FOR VALUES FORM

7 ☐ **TAXPAYER IDENTIFICATION NUMBER CERTIFICATION**

Sign request in this section and section 8.
Failure to complete this section may result in mandatory 24% backup withholding where required by the IRS.

Withholding Election: ☐ I **DO NOT** want to have Federal or State income tax withheld.

☐ I **DO** want to have Federal or State income tax withheld.

Federal withholding: ☐ _____% or ☐ $ _____

State withholding: ☐ _____% or ☐ $ _____

Taxpayer Identification Number: _____

For individuals, this is your social security number (SSN). For other entities, this is your employer identification number (EIN).

Certification Instructions: You must cross out item (2) below if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

Certification: Under penalties of perjury, I certify that: **(1)** The number shown is my correct taxpayer identification number (or I am waiting for a number to be issued to me); **(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).

Policyowner's Signature: _____ **Date:** _____

8 ☐ **SIGNATURE INSTRUCTIONS:**

1. Policy owner must sign and date this form.
2. Policy owner spouse must sign if Application State was AZ, CA, ID, LA, NV, NM, TX, WA or WI.
3. All irrevocable beneficiaries and collateral assignees must sign this form.
4. Transactions resulting in a payment will have a check addressed to the owner and the owner's address.

Signed At (City & State): _____ Date: _____

_____ Signature of Present Owner

_____ Signature of Assignee

_____ Signature of Insured (if other than Present Owner)

_____ Signature of Irrevocable Beneficiary

_____ Signature of Spouse **(See Instruction #2)**

_____ Witness or Notary Signature