C-0014 Barcode 004000404 8.5x11

District | Agency | Desk | Batch

H. O. Date Rec'd

District Manager's Signature

# Annuity / Cash Surrender

**SUBMIT REQUESTS TO:**

**Career Agency Companies**
(the "Company")

Career Agency Insurance Services
12115 Lackland Road
St. Louis, MO 63146-4003

**(Check One)**

United Insurance Company of America ☐
Reliable Life Insurance Company ☐
Union National Life Insurance Company ☐
Mutual Savings Life Insurance Company ☐

**REQUEST FOR POLICY VALUE**

| Name of Insured (please print) | | 10 Digit Policy Number |
|---|---|---|
| Name of Owner (please print) | Social Security Number | Telephone Number |
| Address | City | State / Zip Code |

## I. A. CASH SURRENDER

(Check one): Policy is enclosed ☐ Policy was lost/destroyed ☐

Surrender entire policy ☐ Partial surrender ☐ (for Reliable policies only) Indicate which phase is to be surrendered

**I am the owner of this policy and desire to cancel and surrender this policy for its full cash surrender value as of this date in accordance with its terms. I understand that if any part of the proceeds is used to purchase a new policy of insurance with this Company, the new policy will be subject, in most cases, to a new contestable period and initially will not have any cash value.**

### B. Withdrawal of Life Fund SPT Rider (United policies only) or Withdrawal of Annuity Benefits on Mutual Savings More Than Life, Money Maker or Money Master policies.

☐ Complete withdrawal ☐ Partial: I request a partial withdrawal of my fund value in the amount of $

**I understand that my coverage under this policy and/or rider terminates as of the date I sign this form. The negotiation of the cash surrender check or the passage of thirty (30) days from the issuance of the check, whichever occurs first, will also terminate any opportunity to cancel the cash surrender request and I will not thereafter be permitted to reinstate this policy and/or rider.**

X Signature of Policyholder X Date

I have witnessed the signature of the individual indicated as policyholder in this section.

Witness X Date X

Company Representative or Notary:

Affix notary stamp here. X

## ~~II. POLICY LOAN~~

~~**I am the owner of the above policy and desire to make a loan against the value of this policy. I understand that: (1) interest will be due every year on the anniversary of the issue date of the policy and, if not paid, the interest will be added to the loan balance, (2) the loan and any unpaid interest will be deducted from the cash value of the policy or when any proceeds of the policy are paid to either myself or my beneficiary(ies), and (3) it is in the best economic interest of myself and my beneficiary(ies) to repay the loan.**~~

~~(Check one):~~ ☐ ~~Maximum loan~~ ☐ ~~Net Loan of $ _____ *~~

~~*If higher than present loan value, maximum loan will be processed.~~

~~I have witnessed the signature of the individual indicated as policyowner in this section.~~

~~Witness~~ ~~Date~~

~~Signature of Policyowner~~ ~~Date~~

~~Company Representative or Notary:~~

~~Affix notary stamp here.~~

Form C-0014 Rev 10/09 **CSH** **LNS**

**NOTICE TO POLICYOWNER AND AGENT: All applicable sections of this form must be completed. Incomplete requests may cause a delay in returning any money due.**

## INSTRUCTIONS (ALL REQUESTS)

- **Complete policy information section – include policy number, name of insured, name of owner, address of owner, Social Security Number of owner, name of Company.**
- **Policyowner must sign and date form in appropriate section. A second signature may be required if your policy has an assignee or an irrevocable beneficiary.**
- **Policyowner's signature must be witnessed by a company representative or notary.**
- **The company reserves the right to request verification of a signature by a notary public.**

## ADDITIONAL INSTRUCTIONS FOR CASH SURRENDERS

- **District Manager's signature is required.**
- **Enclose policy or policy certificate or check box if policy has been lost or destroyed.**
- **A cash surrender request <u>requires</u> the owner's Social Security Number**
- **LIFE FUND ONLY: If cash surrender is elected, a check will be issued for the cash surrender value of base policy and complete withdrawal of SPT rider, if applicable. For complete or partial withdrawal from SPT rider only, do not check cash surrender. Check appropriate box under "withdrawal."**

## ADDITIONAL INSTRUCTIONS FOR POLICY LOANS

- **Policyowner may request a maximum or net loan by checking the appropriate box.**
- **Specify net amount if other than a maximum loan.**
- **Paid to date must be current.**