ROYAL NEIGHBORS OF AMERICA®

INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIES℠

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Request for Service Form

Instructions: This form serves as a request and authorization to make a change in your certificate(s) or a change in the office record in accordance with the sections completed below and on the reverse side.

Please complete General Information (1) with every request. The owner's signature is required on the reverse side. If sections other than 1 and 2 are completed, a separate form for each certificate must be completed.

1 General Information - Completion Required

Certificate No._____ Insured name_____ Owner_____
(if other than insured)

Mailing Address_____ ( )_____
P.O. Box Number/Street Telephone Number

_____
City State ZIP

Is this a new address? ❑ Yes ❑ No

2 Surrender of Paid-up Additions and/or Dividend Accumulations (Please complete Section 3.)

I surrender all notices of paid-up additions and/or dividend accumulations for cancellation.

- ❑ I request that a check for the cash value of the paid-up additions be sent to me.
- ❑ I request that a check for the dividend accumulations be sent to me.

3 Change in Dividend Option

I elect that dividends declared, beginning with the next dividend due, be applied as indicated below:

- ❑ Applied to pay premiums
- ❑ Paid in cash
- ❑ Applied to purchase paid-up additions
- ❑ Left on deposit to accumulate at interest
- ❑ Applied to repay a certificate loan
- ❑ Applied as premium payments on FPA Rider

4 Election of Paid-up Privilege

❑ I request that the certificate be continued in force, without payment of any further premiums, as a fully paid-up certificate for its face amount, subject to any existing debt thereon. I also hereby release any existing paid-up additions and dividend accumulations on said certificate.

5 Certificate Loan Agreement

- ❑ I request the maximum loan available.
- ❑ I request a loan in the amount of $_____.

Interest will accrue daily at the per annum rate specified in the certificate. The principal sum, with interest, shall be a lien on the certificate until paid, and shall be subject to the terms and provisions of the certificate. If the total debt ever equals or exceeds the loan value, the certificate shall terminate and be void as specified in the certificate. If the certificate shall become extended term insurance, the then existing debt shall be adjusted as provided in the certificate or according to the Society's practice if the certificate does not contain such provision.

I hereby certify that no petition in bankruptcy has been filed or is pending against me.

6 Cash Surrender or Withdrawal

If the certificate is surrendered or the entire amount is withdrawn, the amount is accepted by me in full settlement and complete satisfaction of all rights, claims and demands under the certificate. I certify that I have not assigned or pledged the certificate or any rider attached thereto for any purpose whatsoever, and that no bankruptcy proceedings are pending against me. The certificate must be sent with this form as indicated below. If the certificate is lost or destroyed, complete Section 8.

A) Traditional Life Insurance Certificate

❑ I hereby surrender the certificate together with all riders and dividends. (Certificate must be returned)
If the certificate contains a Flexible Premium Annuity Rider, please read and complete Section 7.

B) A Universal Life Insurance Certificate Withdrawal

I hereby elect to withdraw all or part of the contract value of the certificate as indicated below. I understand the amount withdrawn may be subject to a surrender charge as provided in the certificate, and a withdrawal charge or a service fee, as may be provided in the certificate, will be deducted from each partial withdrawal before payment is made.

❑ Full Withdrawal **(Certificate will be terminated if full amount is withdrawn.)**
❑ Partial Withdrawal of $_____. (Subject to any minimum withdrawal requirements. A withdrawal may reduce face amount.)

C) Annuity Withdrawal (Please read and complete Section 7 regarding income tax withholding on annuity withdrawals.)

I hereby elect to withdraw all or part of the cash value of the certificate or rider as indicated below. subject to any withdrawal charges as provided in the certificate or rider.

Type of Annuity Certificate or Rider	Type of Withdrawal
❑ Flexible Premium Annuity (FPA) certificate	❑ Full Withdrawal (Certificate must be returned if FPA or SPA certificate. A rider or certificate is canceled upon full withdrawal.)
❑ Single Premium Annuity (SPA) certificate	
❑ Flexible Premium Annuity (FPA) rider	❑ Partial Withdrawal of $_____. (subject to any minimum withdrawal requirements)

7 Notice of Withholding on Withdrawals from Annuities

Please check only **one** of the boxes below.

❑ I elect not to have Federal income tax withheld from the taxable portion of the distribution. (You may not check this box if the IRS has notified you that you are subject to back-up withholding.)
❑ I elect to have _____% Federal income tax withheld from the taxable portion of the distribution. (Cannot be less than 10%)

Note: A 10% penalty may be assessed by the IRS on the taxable amount withdrawn from an annuity before the age of 59½. Please consult your tax advisor if you have any questions.

8 Lost or Destroyed Certificate

❑ I state that the certificate has been either lost or destroyed and that I have no knowledge as to its whereabouts; that the certificate consequently cannot be returned to the Society; that the certificate has not been sold, transferred, assigned or pledged by me, or by anyone with authority representing me, to any person or persons, corporation or firm whatsoever, and that no person or persons, corporation or firm, except me, has any right, title or interest in the certificate, or any benefits therein promised by the Society. I hereby waive all rights in the lost or destroyed certificate, and agree that if the lost or destroyed certificate ever shall be found by me or come into my possession, I will promptly return it to the Society.

9 Certification of Social Security Number

Under penalty of perjury, I certify the following:

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. citizen or other U.S. person

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. The IRS does not require your consent to any part of this form other than the certifications required to avoid backup withholding.

10 Signature of Owner–Completion Required

_____ _____
Date Social Security Number (Please read Section 9)

_____ _____
Signature of Witness Signature of Owner

I hereby agree to the above request and waive any community property or Uniform Marital Property Act (UMPA) rights, as applicable, that I may have in the subject of this request. If the spousal consent is not signed the above signature is certification that no spousal consent is required.

Signature of Spouse of Certificateowner:_____ (Required for residents of AZ, CA, ID, LA, NM, NV, TX, WA, WI)