☐ THE WESTERN AND SOUTHERN LIFE INSURANCE COMPANY
☐ WESTERN-SOUTHERN LIFE ASSURANCE COMPANY
CINCINNATI, OHIO 45202

REQUEST FOR PREMIUM/DIVIDEND/LOAN POLICY BENEFIT DISPOSITION

☐ Policy Service 0400 ☐ Annuity Operations 5100

1. OFFICE CODE	ACCT. NO.	CO. CODE	POLICY NUMBER	OWNER'S SS NO. OR TIN (REQUIRED FOR TAXABLE DISTRIBUTION)

INSURED (LAST) (FIRST) (MID. INIT.)	(AREA CODE) TELEPHONE NO.	CLIENT ACCT. NO.

2. ☐ **PARTIAL SURRENDERS, DIVIDEND and/or LOAN VALUE to PAY PREMIUMS**
I request premiums be paid using partial surrenders, dividend and/or loan value as follows:

OWNER DATE OF BIRTH

	CO. CD	POLICY NUMBERS	PREMIUM	MODE TO BE PAID A, S, Q, OR M	NO. OF MONTHS TO BE PAID	DATE PREMIUM IS DUE	**DIVIDEND** VALUE TO BE APPLIED	AMOUNT COLLECTED IN CASH	AMOUNT NOT APPLIED	**LOAN** VALUE TO BE APPLIED	**PARTIAL SURR** VALUE TO BE APPLIED
A.											
B.											
C.											
D.											
E.											
F.											
G.											
H.											

3. ☐ **DIVIDEND DISPOSITION REQUEST**

A. ☐ I request application of $_____ of dividend cash value to the loan indebtedness ☐ on this policy or
☐ on Policy No. _____
B. ☐ I request withdrawal of $_____ of dividend cash value.

4. ☐ **DIVIDEND OPTION CHANGE**
PLEASE CHOOSE OPTION

I request the following dividend option:
A. ☐ Applied toward payment of premiums (Regular Ordinary only) (Option 1) **B.** ☐ Paid in cash (Option 2)
C. ☐ Accumulate at interest (Option 3) ☐ Convert existing paid-up additions to accumulations
D. ☐ Purchase paid-up additions (Option 4) ☐ Convert existing accumulations to paid-up additions
E. ☐ Applied toward payment of loan interest due or principal. When the dividend exceeds the loan, any excess will be paid in cash.
F. ☐ Apply Option 1 excess dividends to _____

5. ☐ **LOAN REQUEST**

A. ☐ I request a policy loan for the maximum amount available.
B. ☐ I request a policy loan which will provide a check for $_____ } **Owner assigns policy to the Company in connection with this loan.**
NOTE: If UL/CAP/STRATA/OPTIMUS, partial surrender may be available. Has partial surrender option been explained to Owner?
C. ☐ DO NOT DEDUCT THE OUTSTANDING PREMIUM DUE (DOES NOT APPLY TO UL/CAP/STRATA/OPTIMUS).

6. ☐ **CASH SURRENDER**
(NOT FOR 1035 EXCHANGE; USE FORM DO-659)

I request withdrawal of the cash surrender value of the above numbered policy. To the extent that the policy is surrendered to the Company, I release all rights and claims thereunder. **Indicate if surrender is for:**
A. ☐ Entire policy (Indicate: ☐ Policy attached, or ☐ Policy lost or destroyed) **B.** ☐ Basic Coverage **C.** ☐ Annuity Fund
D. ☐ **Indicate if surrendered portion is to be applied to other policy(ies):** Policy No. _____ Amount $_____
Policy No. _____ Amount $_____ / Policy No. _____ Amount $_____
Attach DO-70 to a New Business Application

7. ☐ **PARTIAL CASH SURRENDER**

Indicate type of policy and total amount of partial surrender to be taken. Include in total amounts to be used for E, F and G.
☐ Lost Policy I request a partial release of the cash surrender value of the above numbered policy.
A. ☐ UL/CAP/STRATA/OPTIMUS* $_____ **B.** ☐ Accumulation Value $_____ } Is this amount after taxes? ☐ Yes ☐ No
C. ☐ Annuity Fund $_____ **D.** ☐ Annuity Contract ☐ $_____
E. ☐ Use to repay loan on this policy (must repay in full) ☐ Accumulation Interest - **Omniflex only**
F. ☐ Use to repay loan on policy #_____ ☐ 10% Withdrawal
G. ☐ Use to pay premium on policy(ies), **complete #2 above** ☐ RMD

* OPTIMUS/ULTRA/PROTECTION LIFE is not eligible for Preferred rates if Selected Amount is reduced below $100,000

8. ☐ **MATURING ENDOWMENT**
(SUBMIT POLICY)

I request payment of the endowment proceeds of the above numbered policy.
A. ☐ Annuity Fund Partial Maturity $_____
B. ☐ In a single sum.
C. ☐ In accordance with the terms of the policy.
D. ☐ To the sole order of Western-Southern Life Assurance Co. for the purpose of issuing an annuity contract under the guidelines of Section 1035 of the Internal Revenue Code.

9. ☐ **PREMIUMS PAID FROM ACCUM VALUE**
EIL/CENT/ADLIFE

I request that the specified premiums for the above-numbered policy be paid from that policy's excess cash value (the excess of the Accumulation Value over Guaranteed Cash Value). I understand my excess cash value will be reduced by amounts withdrawn to pay these premiums.

PREMIUM	MODE	NO. OF MONTHS	PREMIUM DUE DATE	AMOUNT COLLECTED IN CASH	ACCUMULATION VALUE TO BE APPLIED

Please Sign Form On Back

10. ☐ **AUTO PREM PMT OPT**

I request that, until I give further notice, future premiums of the identified policy be paid from policy values. Policy values are dividend values (accumulated dividends, paid-up additions and future dividends) if my policy pays dividends, or excess cash value (the excess of Accumulation Value over Guaranteed Cash Value) if my policy is an EIL, Centurion or Advantage Life. Policy Values will be reduced by amounts withdrawn to pay premiums. I also may need to resume out-of-pocket premium payments due to (a) possible changes in future dividend rates, interest rates or monthly charges, or (b) loans, dividend option changes or withdrawal of policy values for any reason other than to pay premiums on this policy. **NOTE**: This option can be used only when policy values are projected (though not guaranteed) to pay all future premiums.

11. ☐ **MAIL CHECK TO PAYEE**

Number and Street	City	State	Zip Code

12. ☐ **METHOD OF PAYMENT**

The company reserves the right to decline any EFT and will issue a check in lieu of the deposit request. In order to process EFT, the account owner and policy owner must be the same.

Please send payments by Electronic Funds Transfer to:

☐ **Checking Account** Please attach a voided check.

☐ **Savings Account** Please attach a letter from the bank, verifying account number and routing transit number.

Name of Bank _____ Account No. (Please specify only one account) _____

Routing No. _____

Signature of Depositor _____ Signature of Joint Depositor _____

Date _____ Date _____

A signature on this form transmitted by facsimile or electronically shall have the same force and effect as an original signature, once received the faxed document is the controlling document.

13. Tax elections made here supercede any previous elections made with regard to this contract. Contract owners under age 59‰ may be subject to IRS 10% penalty tax on amounts withdrawn. Under penalties of perjury, I certify that the Social Security Number/Tax I.D. Number listed is correct and that I am not subject to Backup Withholding Tax. I certify that said policy is not assigned or involved in bankruptcy proceedings. I agree to the withholding election below, if applicable.

Owner's Signature (Explain Printed Signature in Special Request) _____ Date _____

If your policy was issued in one of these states, KY, ME, OR, or WA and you are requesting a cash withdrawal, by signing this form you are verifying that you have received the information supplied from your Office of the Insurance Commissioner provided to you by your agent.

Are Attachments (other than policy) or Special Request Included? ☐ Yes ☐ No

THIS REQUEST MAY RESULT IN A TAXABLE DISTRIBUTION.
HAS THE INCOME TAX WITHHOLDING INFORMATION BEEN COMPLETED? ☐ **Yes** ☐ **No**

14. A taxable distribution may occur as a result of the following action:

- Cash Dividends
- Cash Surrender
- Dividends to Pay Premiums on Other Policies
- Dividends to Pay a Loan on Itself or Other Policy
- Partial Cash Surrenders
- Loans on Modified Endowment Contracts
- Maturity

IF THE REQUEST ON THE REVERSE SIDE IS THE SAME AS ONE OF THE ITEMS LISTED ABOVE, A WITHHOLDING ELECTION SHOULD BE INDICATED BELOW. OTHERWISE, IF THERE IS A TAXABLE AMOUNT AND NO WITHHOLDING IS INDICATED, WE WILL WITHHOLD AT THE STANDARD RATE. ***SALES REPRESENTATIVE*** *- You can determine if the request is taxable by reviewing the Policy Status, SPIRIT OPTION 33, or Annuity Values, SPIRIT OPTION 36.*

Income Tax Withholding Election

Federal Tax Law states that the portion of withdrawals or maturity value is subject to 10% income tax withholding, although you may elect to have it withheld at a different percentage rate, a specific dollar amount or elect no withholding. If you are a resident of CA, IA, KS, MA, ME, NC, NE, OK, OR, VA, VT, the Company must withhold State tax at the State's standard rate unless you indicate otherwise. State withholding does not apply to AK, FL, ND, NH, NV, SD, TN, TX, WA, WY and Puerto Rico. The Company will not withhold State income tax in any other state unless a withholding method is indicated below. Even if you elect NOT to have income tax withheld, you are still liable for the payment of any applicable payment of income taxes on distributions. In addition, you may be subject to tax penalties if your payments of estimated tax and withholding, if any, are inadequate.

I direct the Company:

☐ NOT to withhold Federal income tax

☐ TO withhold Federal income tax as follows:

- ☐ standard rate or ☐ _____% rate or
- ☐ $_____ amount

☐ NOT to withhold State income tax

☐ TO withhold resident State tax as follows:

- ☐ standard rate, if applicable
- ☐ _____% of taxable amount
- ☐ $_____ amount

15. SPECIAL REQUEST - SHOULD NOT BE COMPLETED TO RE-STATE INFORMATION THAT IS LISTED ELSEWHERE ON FORM DO-70.