



USA Life One Insurance Company of Indiana

CUSTOMER SERVICE REQUEST: A separate form must be completed for each policy. Complete only item(s) needed for actually requested transaction(s); give complete information. Only the policy owner can authorize any request. UPON COMPLETION OF SERVICE, A COPY OF THIS FORM WILL BE SENT DIRECTLY BY THE COMPANY TO THE (FORMER AND NEW) OWNER FOR VERIFICATION AND RETENTION WITH POLICY.

OWNER'S NAME POLICY #:
OWNER'S MAILING ADDRESS
CITY, STATE, ZIP INSURED'S NAME

NAME OF NEW OWNER: MAILING ADDRESS:
CITY, STATE, ZIP:

OWNER'S PHONE #: ( ) NEW OWNER'S SOC. SEC. #:

- 1. OWNERSHIP CHANGE: Transfer all policy ownership rights to new owner as indicated above.
2. BENEFICIARY CHANGE: Payable equally in a single sum unless specified. Address(es) of beneficiary(ies) must be shown.
3. NAME CHANGE: If other than marriage, certified copy of court order must accompany this form.
4. REQUEST FOR UL ILLUSTRATION/PROJECTION: (Check here \$10.00 processing fee to accompany this form)
5. NON-FORFEITURE OPTION: Exercise: ( ) Red. Pd-up ( ) Ext. Term (see reverse) APL: ( ) Add ( ) Delete
6. LOST POLICY: The policy cannot be located. Requested is: ( ) Issue "Certification of Insurance Coverage", ( ) Perform other request(s) indicated.
7. FUND WITHDRAWAL: Withdrawal reduces future benefits payable on the policy.
8. BILLING CHANGE: Change Billing Mode to: ( )A ( )S ( )Q ( )M ( )PAP (att. Draft auth) ( )CB Mode
9. OTHER REQUESTS:

**POLICY OWNER'S STATEMENT:** In consideration of my indicated request(s). It is expressly understood provisions and conditions of the policy will prevail, and that USA Life One may ask for further information, restrict action, or impose added requirements. My signature is consent to act upon each request indicated and any not indicated shall not be acted on. I certify this policy is not pledged or assigned, and that no document has been executed affecting ownership or right to monies payable (other than as specified), also that no insolvency or bankruptcy proceedings are in process or pending. It is further understood and agreed that any contractual change shall not be effective until recorded by USA Life One and that, in addition to all other conditions herein, for cases of:

**Beneficiary Changes:** Beneficiary rights are subject to any prior or future liens and assignments. If any irrevocable beneficiary designation now exists, a change also requires such to sign. (If this form cannot satisfy specific requirements, outline details in a request to USA Life One).

**Ownership Changes:** The beneficiary (ies), unless also amended, will not change. USA Life One's address of record for correspondence will be changed to that of the new owner, whose name will appear thereupon. (If change is because of an assignment, a certified copy of same should accompany this request).

**Fund Withdrawal:** Partial withdrawal may only be made on certain policies. Unless otherwise indicated, any withdrawal check is payable to the owner. Amounts loaned or surrendered will reduce, and possibly terminate, USA Life One's obligation under the policy. To the extent of any policy loan, the policy is pledged to USA Life One Insurance Company and such total loan, with any accrued interest, constitutes a first lien; loan interest is payable in advance and at the (initial) rate to be inserted on the reverse at the company's home office. As may be provided in the policy, any loan interest and/or surrender charges will be deducted prior to withdrawal value being paid.

**BILL CHANGE:** Subject to policy provisions/company rules.

Signature of **Witness:** \_\_\_\_\_ Signature of **Policy Owner:** \_\_\_\_\_

Irrevocable **Beneficiary:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**COMPLETE FOR WITHDRAWAL REQUESTS: ELECTION OF FEDERAL INCOME TAX WITHHOLDING**  
(APPLIES TO TOTAL/PARTIAL SURRENDERS)

The Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 requires 10% be withheld from the taxable portion (not necessarily the entire amount) of certain life insurance payments unless you choose not to have withholding. This portion is usually equal to that received in excess of the total not amount considered as your cost basis. Generally, life insurance policies wholly or partially surrendered contain no such excess. You must elect your desire by marking the appropriate box below. **IMPORTANT:** If you do not make a choice, but DO insert your Federal ID number, we will withhold 10% of any taxable portion. (If there is no taxable portion, nothing will be withheld). If you do not make a choice, and DO NOT insert your Federal ID number, we will withhold 20% of any taxable portion.

I DO NOT elect standard (10%) withholding  
 I DO elect standard (10%) withholding

Signature of **Policy Owner:** \_\_\_\_\_  
Federal **Tax ID:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IMPORTANT NOTE BELOW:**

*\*If Federal Tax ID number (usually the Social Security Number) is not inserted above, we will be required to withhold 20% irrespective of your choice.*

Even though you elect to have no tax withheld, you are still liable for any tax on any taxable portion of surrender. You may also be subject to penalty under the estimated tax payment rules if your payment of estimated tax and withholding, if any, are not sufficient.

**(FOR COMPANY USE ONLY)**

Action completed for item(s) checked on reverse. Please verify correct. Action cannot be completed for following item(s) because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For any transaction not completed, return this form with any required information necessary. It will have our prompt attention.

For non-forfeiture option exercise (5 on reverse), your  Extended Term is: \_\_\_\_\_

Reduced Paid-Up \_\_\_\_\_

Action taken:

This Customer Service Request has been properly approved and recorded by:

OK COPY  New Own

NO RETURNED: \_\_\_\_\_ **DATE OF RECORD:** \_\_\_\_\_ / \_\_\_\_\_  
USA Life One Authorized Signature