



**General Information**

Policy/Certificate No.:	Issued by (the Company)
_____	
Insured's Name	_____
Owner's Name	_____
Owner's Address	_____
City, State, ZIP	_____
Daytime Telephone No.:	E-mail Address:
_____	_____

**Income Tax Withholding Election – Substitute W4P**

*This section must be completed. If no selection is made and your loan is considered taxable, taxes will be withheld.*

Federal law requires 10% tax be withheld from the taxable portion of certain life insurance payments, unless you request not to have tax withheld. The tax applies only to the taxable portion of the payment, not the entire payment, should this loan be considered taxable.

Elect withholding or no withholding by checking the appropriate box below. Be sure to complete this form by signing it and filling in your Social Security number/Tax Identification number. If you do not make a choice, or if you do not furnish us with your Social Security number/Tax Identification number, we will withhold 10% for federal income tax in addition to any appropriate state income tax from any taxable portion of your payment.

Even if you decide not to have federal/state tax withheld, you are still liable for payment of the income tax on the taxable portion of this payment. You may be subject to tax penalties under the Estimated Tax Payment Rules if your payment of estimated tax and withholding, if any, are not sufficient.

Check ONE BOX:

- I do NOT want to have Federal Income Tax and State Income Tax withheld.
- I DO want to have Federal Income Tax and State Income Tax (if state mandated) withheld.

***This is an IRS requirement. Signature required on page 2.***

**Taxpayer Identification Number and Certification Substitute W9**

*The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

***This section must be completed.***

Under penalties of perjury, I certify that:

- The number shown below is my correct taxpayer identification number.
  - Social Security number \_\_\_\_\_
  - Tax Identification number \_\_\_\_\_
- I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service that I am subject as a result of a failure to report all taxable income, including all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. *(You must cross out this item if you have failed to report all interest and dividends on your tax report.)*
- I am a U.S. citizen (including a U.S. resident).

***This is an IRS requirement. Signature required on page 2.***

**Loan Request**

By signing below, you assign, transfer and set over to the Company, to the extent of any loan and accrued interest thereon, all of your rights, title and interest in the policy/certificate together with all money that may become payable as sole security for:

A loan in the amount of \$ \_\_\_\_\_ or the maximum loan value your policy/certificate will allow, if less than this amount.

The maximum loan available

*(Please note: Fund specific withdrawals are not available on policies beginning with the letter "F".)*

Loans on Variable Universal Life policies/certificates will be made in proportion to the assets in each subaccount and processed accordingly, unless otherwise specified below: If the Company is unable to comply with your fund specific request, the loan will be made in proportion to the assets in each subaccount.

Subaccount	% of loan amount
_____	_____
_____	_____
_____	_____
	Total must equal 100%

**A check is made payable to the Policy/Certificate Owner and assignee or Irrevocable Beneficiary unless indicated below.**

This distribution is to be applied to policy number: \_\_\_\_\_ as a:

- Premium payment                       Loan repayment

*Such payment shall to the extent thereof discharge the Company from all liability.*

**Note: Loans reduce both the cash value and death benefit of the Policy/Certificate, and, if not repaid, could eventually lead to a premature lapse of the Policy/Certificate. Refer to your Policy's/Certificate's loan provisions for additional information. If the Policy/Certificate is a modified endowment contract, your loan may be considered a taxable event. Additionally, a loan may affect and/or forfeit guarantees as stated in the policy contract.**

**Authorization and Signatures**

You certify that you are legally competent to make this agreement and assignment, that the policy/certificate is not now assigned to any person other than the undersigned, and that no proceedings in bankruptcy or insolvency including any of the undersigned are now pending.

By signing below, you certify that the information provided is complete and accurate as shown. You also certify that you have read, understand and agree to the information provided in the Income Tax Withholding Election and the Substitute W9 sections.

*Two officer's signatures are required for corporate-owned or corporate-assigned policies/certificates.*

Owner's Signature \_\_\_\_\_ Title\*

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Title\*

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Assignee's/  
Irrevocable Beneficiary's Name \_\_\_\_\_ Date \_\_\_\_\_

Assignee's/  
Irrevocable Beneficiary's Signature \_\_\_\_\_ Title\* \_\_\_\_\_

*\* Required for a corporation, partnership, or trust.*