

**INSTRUCTIONS:** Complete Section A only for cash withdrawal request. Complete Section B only for loan agreement. Section C must be completed.

## A. UNI-LIFE CASH WITHDRAWAL REQUEST

## WE MUST HAVE OWNER'S SOCIAL SECURITY NUMBER BEFORE WE CAN SEND YOU A CHECK

l,	, do hereby request a withdrawal							
from policy number	in the amount of \$							
For withdrawals for Uni-Life policies, it is important to remember:								
<ul> <li>Under Option 1, the cost of</li> <li>Under Uni-II policy, a part (Uni-II minimum withdray</li> </ul>	rotection is reduced by the amount of withdrawal. of living rider is removed when there is a withdrawal. ial surrender charge may be incurred as a result of a withdrawal.							
B. POLICY LOAN AGREE	MENT							

The undersigne	ed, in consideration of the loan of	dollars, by United Life Insurance
Company, Ceda	r Rapids, Iowa, on the sole security of Contract No	, on the life of
		, for the purpose of
	cash loan to be paid to	
□ P	Paying the premium on Contract No	hereby agree as follows:

- 1. The contract and all money due or to become due thereunder, and every right, title and interest in and to the same is hereby assigned to United Life Insurance Company as security for this loan and interest thereon, which with all other indebtedness to the Company on said contract shall be a first lien thereon.
- 2. The loan shall bear interest from the date hereof and shall be subject to all the provisions of said contract.
- 3. The loan is applied for and granted at the Home Office of said Company in Cedar Rapids, Iowa, where the loan and all interest there-on are payable. This agreement is made and delivered in Iowa and is to be construed under Iowa law.
- 4. The date hereof shall be the date when such loan is made, which in the case of premium payment shall be the due date of such premium.

## **INSTRUCTIONS**

- 1. All signatures must be written in ink. Names must be signed exactly as they appear in the contract or assignment A witness to a signature is required only if signed by mark.
- 2. This agreement must be signed by the person or persons who may change the beneficiary, except that the signature of an irrevocable beneficiary is not required if the loan is for the sole purpose of payment a premium on the contract. Collateral assignees, if any, must also sign.
- 3. This agreement and the loan are subject to approval at the Home Office of the Company, where the date of the loan will be entered. If any alterations are made in the agreement, it will not be accepted.
- 4. No loan is available within the grace period unless the premium then due is already paid or is to be deducted from the proceeds of the loan.

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Taxpayer Ide	entification Numb		TURES	e box. For indiv	viduals, th	nis is the Soci	ial Security
Social Security Number			(=,	Employer Identification Number			
300		`+	or	<del> </del>			
1. The nume); and by the divider 3. I am a 4. The FA Certification backup with item 2 does contribution	umber shown on the nd ot subject to back of the Internal Revenue nds, or (c) the IRS U.S. citizen or othe IRCA code(s) enternations. You sholding because you not apply. For most oan individual	up withholding because Service (IRS) that I am s has notified me that I ar er U.S. person (defined red on this form (if any) must cross out item 2 arou have failed to report ortgage interest paid, according to the service of the se	(a) I am exempt from backurs in the second of the second o	up withholding as a result oup withholding from FATCA refied by the IRS on your tax retof secured prop	g, or (b) I of a failure g; and eporting that you curn. For I oerty, can	have not bee e to report al is correct. are currently real estate tra cellation of c	en notified Il interest or y subject to ansactions, debt,
	I do not want Fe	deral Income tax withhe	eld from my withdrawal pay	ment.			
	I do want Federa	al Income tax withheld fr	rom my withdrawal paymer	nt.			
					if other tl	nan 10%.	
☐ Check th	his box ONLY if yo	u want your payment au	DING, WE WILL ASSUM	your checking	account.		
Home addre	ss (number and st	reet or rural route):					
City or town	, state, and ZIP co	de:					
Wisconsin, a	nd California. If yo	ou reside in one of the a	r States: Arizona, Idaho, Loui above states, your spouse's the death certificate is need	signature is re		_	
Owner's Sigr	nature:				Date:		
Spouse's Sig	nature:				Date:		
Irrevocable i	Beneficiary Signat	ure:		<del></del>	Date:		
Collateral As	ssignment Signatu	re:			Date:		

By providing my signature above, I understand that to ensure the security of my account and funds, United Life Insurance Company may obtain a consumer report from a consumer reporting agency or similar entity to help verify the validity and accuracy of the account information provided.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil penalties.

We encourage you to contact our Customer Service Department if you have any questions regarding the effects of your withdrawal.