



**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

I, \_\_\_\_\_, do hereby request a withdrawal  
from policy number \_\_\_\_\_ in the amount of \$\_\_\_\_\_.

#### For withdrawals for Uni-Life policies, it is important to remember:

- There is a \$25 fee per withdrawal.
- Under Option 1, the life protection is reduced by the amount of withdrawal.
- Under Option 1, the cost of living rider is removed when there is a withdrawal.
- Under Uni-II policy, a partial surrender charge may be incurred as a result of a withdrawal.  
(Uni-II minimum withdrawal is \$500.)
- Please be sure to discuss the above with your agent before making a withdrawal.

## B. POLICY LOAN AGREEMENT

The undersigned, in consideration of the loan of \_\_\_\_\_ dollars, by United Life Insurance Company, Cedar Rapids, Iowa, on the sole security of Contract No. \_\_\_\_\_, on the life of \_\_\_\_\_, for the purpose of

- ☐ A cash loan to be paid to \_\_\_\_\_
- ☐ 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.

PO Box 729 Cedar Rapids, Iowa 52406-0729  
200 1st St SE, Suite 1300 Cedar Rapids, IA 52401  
Phone: 800-637-6318 • Fax: 888-726-9736  
Email: Life@unitedlife.com • Website: unitedlife.com

## C. ACKNOWLEDGMENTS AND SIGNATURES

**Taxpayer Identification Number (TIN):** Enter the **Owner's** TIN in the appropriate box. For individuals, this is the Social Security Number (SSN). For other entities, it is the Employer Identification Number (EIN).

Social Security Number								
			+	+				

or

Employer Identification Number								
		+						

**Substitute IRS Form W-9** Under penalties of perjury, I certify that:

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 (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

☐ I do not want Federal Income tax withheld from my withdrawal payment.

☐ I do want Federal Income tax withheld from my withdrawal payment.

\$\_\_\_\_\_ or \_\_\_\_\_. Indicate the amount or percentage if other than 10%.

**IF YOU DO NOT SPECIFY WITHHOLDING, WE WILL ASSUME NO TAXES ARE TO BE WITHHELD.**

☐ Check this box **ONLY** if you want your payment automatically deposited into your checking account. Include a Voided Check.

Type or print your full name: \_\_\_\_\_

Home address (number and street or rural route): \_\_\_\_\_

City or town, state, and ZIP code: \_\_\_\_\_

**SPOUSE SIGNATURE REQUIRED:** Community Property States: Arizona, Idaho, Louisiana, New Mexico, Texas, Washington, Wisconsin, and California. If you reside in one of the above states, your spouse's signature is required. If divorced, a copy of the divorce decree is needed. If deceased, a copy of the death certificate is needed.

**Owner's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Spouse's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Irrevocable Beneficiary Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Collateral Assignment Signature:** \_\_\_\_\_

**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.**