



Transamerica Life Insurance Company
Home Office: 4333 Edgewood Road NE
Cedar Rapids, IA 52499

Policy Service Request

Use this form for the following **NON-EVIDENCE** changes:

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Policy No.: _____

Insured: _____

Address: _____

Social Security No.: _____

Joint Insured: _____

Address: _____

Social Security No.: _____

Owner: _____

Address: _____

Social Security No.: _____

Tax No. or Employer I.D.: _____

1. Request for Replacement of Lost Policy

The undersigned hereby certify(ies) that the policy number(s) listed below is/are lost and request the following:

- Certificate of Insurance
 Complete Copy of policy(ies), if available.
 There is a \$25.00 charge for each copy. Attach/Enclose check to the request.

If the original policy is found, it must be returned to the Company.

2. Request to Reduce Face Amount on Premium Due Date
(Send Policy)

- Policy:** New Face Amount \$ _____
 Rider(s): _____ *(Specify)*
 New Rider Amount \$ _____

Decreasing Term: Initial Current

Any cash value released is to be applied as follows (the outstanding policy loan cannot exceed the cash value of the reduced policy).

- Pay by check to Owner
 Pay premium due: _____
 Reduce or repay policy loan
 Other: _____

Note: On Interest Sensitive Plans, Surrender Charges Will Be Assessed, If Applicable.

3. Request for Policy Loan

I request a policy loan in accordance with the policy provisions:

- Maximum or \$ _____ *(specify amount)*
 Exclude dividend values *(Loan value will include dividend values unless specified)*
 Pay by check to Owner
 Pay premiums due
 Apply to Policy No. _____

The policy is hereby assigned to the Company as sole security for the loan. The Company has a first lien on the policy to the extent of any loan balance. Except as stated below, the undersigned certifies that the policy is not subject to any lien, assignment or legal claim by any person or organization who is not a party to this agreement and that they are not involved in pending bankruptcy proceedings.

Exceptions *(if any):* _____

4. Request for Partial Surrender of Policy

I request a partial surrender, in accordance with the policy provisions:

- \$ _____ *(specify amount)**
 Maximum available without surrender penalty*
 Maximum available regardless of penalty
 Pay by check to Owner
 Apply to Policy No.: _____

***NOTE:** If the specified amount requested exceeds the amount which may be eligible under the Penalty-Free Withdrawal provision, we will process the additional amount as a partial surrender, and assess a company-imposed surrender penalty on that additional amount only.

ALSO COMPLETE ITEM #6

Turn to Last Page for Signature(s)

5. Request for Full Surrender of Policy

I elect to surrender the policy for its net cash value. Pay by check to Owner, except as designated below. It is agreed that the entire liability of the Company, except for the net cash value, is hereby discharged and terminated. Except as stated below, the undersigned certify that the policy is not subject to any lien, assignment or legal claim by any person or organization who is not a party to this agreement and that they are not involved in pending bankruptcy proceedings.

Exceptions (if any): _____

ALSO COMPLETE ITEM #6

6. Notice of Withholding

The proceeds you receive from your life insurance policy are subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the taxable portion of your proceeds. Please mark your elections below for Federal income tax withholding.

I do not wish to have Federal income tax withheld from my proceeds.
 I want to have Federal income tax withheld from my proceeds.

Even if you elect out of Federal withholding, you are still liable for payment of Federal income tax on the taxable portion, if any, of your surrender proceeds. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

NOTE: Your state may require completion of an election form for state withholding. If that is the case, additional forms will be sent to you prior to any distribution. If you are uncertain about your state requirements, please contact the Home Office at (800) TLC-HOST for details.

COMPLETE FOR ITEMS #4 OR 5

7. Non-Forfeiture Provisions Request

Effective on the premium due date, change policy in accordance with its non-forfeiture provisions as follows:

Extended Term Insurance
 Reduced Paid-Up Insurance
Any policy loan will be paid off from the cash value.

Dividend Accumulation, if any to be:

Paid by check to Owner
 Used under this option

NOTE: For Paid-Up Amount other than provided under non-forfeiture provisions, please complete Policy Change Application, MPS-1 (Miscellaneous Changes) and Part II (Send policy).

8. Request to Cancel Rider

On the premium due date, cancel the following rider(s) (Send Policy).

Rider (name): _____
Rider (name): _____
Rider (name): _____

If Monthly Income is to be cancelled:

Continue Terminate Waiver of Premium Benefit

9. Other Financial Transactions

I apply for:

Full amount of deposit or \$ _____

From the following policy fund(s):

Annuity Accumulation Agreement (must be full amount)
 Premium Deposit Agreement
 Dividends on Deposit
 Paid-Up Additions

The funds are to be applied as follows:

Issue check to Owner
 Pay premiums due
 Reduce or repay policy loan
 Other (specify): _____

10. Dividend Options

Apply subsequent dividends as follows:

Cash
 Purchase Paid-Up Additions
 Accumulation at Interest
 Repay Policy Loan
 Add to Premium Deposit Account
 Reduction of Premium

NOTE: For one year Term Insurance Option, use Policy Change Application, MPS-1 (Miscellaneous Changes) and Part II.

Turn to Last Page for Signature(s)

11. Change Premium Billing Information

a. **Mode of Premium Payment**
 Annually Semi-Annually Quarterly Monthly, if available

b. Billing Type (will be Direct Collection unless otherwise noted):
 Pre-Authorized Withdrawal (Q & M only)
 Salary Deduction No.: _____
 Mortgage Franchise No.: _____
 Government Allotment (M only) _____

c. Complete for Flexible Premium Plans:
 Planned Periodic Premium \$ _____
 Per: A S Q M (if available)

Special Billing:
 Are premium notices to be sent to other than the Policyowner?
 Yes No

Name: _____
 Address: _____

Is combined billing requested? Yes No
 Specify: _____

12. Automatic Premium Loan Provision

Effective Ineffective

If a reinstatement is required, please complete Reinstatement Application, APR-1 ED. 176 or the latest edition of this form approved in your state.

13. Community Property States
 (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin, marital property)

For any withdrawal of policy values, complete the following.

Has there been any change in the marital status of the policyholder since the issue of the policy? (Such as marriage, separation, divorce or death.) Check YES or NO.

Yes No If **Yes**, write particulars below.

 (Spouse's Signature)

 (Date)

Transamerica Life Insurance Company } ("the Company")

I understand that the Company makes no representations and assumes no liability for the tax implications, if any, of this transaction. Some of the changes you can exercise through this form may result in your policy becoming a Modified Endowment contract and/or adverse tax consequences.

For example, in the event your policy is a Modified Endowment Contract (MEC), amounts received (including loans, assignments and/or pledges) prior to the death of the insured may be fully taxable, and before the owner is age 59 1/2, subject to a 10% tax penalty. Under the Technical Miscellaneous Revenue Act of 1988 (TAMRA), a life insurance contract becomes a MEC when actual premiums paid exceed a specified 7-year premium limit or when certain changes are made to policy benefits.

The Company does not offer tax or legal advice. Because tax laws are subject to change and different interpretations, we recommend that you seek counsel from a qualified tax advisor.

Signed at: _____

Date: _____

Witness: _____

Owner: _____

Address of Witness: _____

Owner: _____

Assignee: _____
 (Name & Title)

Assignee: _____
 (Name & Title)

CORPORATION IS THE OWNER - One officer other than the Insured must sign below the name of the corporation, where indicated. The officer's title (President, General Manager, Vice President, Secretary or Assistant Secretary) must follow the signature. A corporate signature resolution is required to support any signature.

Servicing Agent Information

Agency Code:

Agent: _____ Code: _____ Enclosed is: Policy Check for \$ _____

Agent: _____ Code: _____ Mail Reply to: Agency Policy Owner