

CATHOLIC LIFE INSURANCE

1635 NE Loop 410 • P.O. Box 659527 San Antonio, TX 78265-9527 • (210) 828-5529 • 1-800-262-2548

MEMBERSHIP SERVICE FORM

Please Print

Agent _____ # _____

Section 1: Certificate Information

Insured/Annuitant _____ Certificate(s) # _____

Section 2: Change Premium

Choose One: Draft Day _____
 Direct Bill *Must be accompanied by a
 Bank Draft Draft Form & Voided Check.

Choose One: UL & Annuity Only:
 Monthly (Draft Only) \$ _____
 Quarterly Specify bill amount
 Semi-Annually
 Annually

Section 3: New Payor

Payor's Name _____

Address _____

City, State, Zip _____

Social Security # _____

Section 4: Change Dividend Option

This election applies to future dividends:
 Apply toward premium payment
 Purchase paid-up additional insurance
 Accumulate at interest

Section 5: Dividend Withdrawal Request

Withdraw Dividends \$ _____ All
 Apply to Loan \$ _____ All
 Apply to Premium \$ _____ All

Section 6: Deposit Fund

Withdrawal \$ _____ All

Section 7: Branch Transfer

From Branch _____ To Branch _____

Section 8: Name Change

Change the Name of: Annuitant Insured Owner Beneficiary Assignee Proposer
From _____

To _____

This Change of Name Resulted From: Marriage Divorce Adoption Court Order Correction

Change of name must be completed in accordance with the following instructions:

1. If the name was changed by divorce, adoption, or other legal procedure, a copy of the court order for change of name must accompany this form. A divorce does not automatically restore the former name.
2. If name is to be corrected because of mistake at the time of certificate issue, a copy of a Birth Certificate, Drivers License or Social Security Card must accompany this form.

Section 9: Change Address

Owner Insured/Annuitant Payor
Street _____
City, State, Zip _____

Section 10: Owner Contact Information

Daytime Phone _____

Email Address _____

Section 11: Lost Certificate

The owner hereby certifies that the certificate has been lost or misplaced. A Lost Certificate Form is hereby requested. The owner certifies that the certificate is not assigned or pledged and upon issuance of a Lost Certificate Form, Catholic Life Insurance will be held harmless from any claim or duplicate certificate which may arise by reason of the issuance of a Lost Certificate Form.

Section 12: Other Request for Information

Section 13: Signatures

X
SIGNATURE OF ASSIGNEE/OWNER(S) _____

SOCIAL SECURITY # _____ DATE _____

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Agent _____ # _____

Section 1: Certificate Information

Insured/Annuitant _____ Certificate(s) # _____

Section 14: Life Insurance Certificate Loan

- Check for \$ _____ Maximum available
 To Pay the premium due on (date) _____ on Certificate Number _____

This loan is made in accordance with the "loan" provisions of your certificate.

Section 15: Life Insurance Requests

- Reduced Paid-Up Insurance** -- To continue this certificate in force from the due date of the premium for a reduced amount of Paid-Up Life or Paid-Up Endowment Insurance, as may be determined by the cash value of the benefit certificate, less any indebtedness thereon and payable under the same conditions as the face amount of the original certificate.
- Transfer Cash Value** -- To surrender the certificate for its cash value as set forth in the Table of Non-forfeiture Values, less any indebtedness on the certificate with such amount to be applied toward the premium payment of an insurance application pending on the Life of _____ in the amount of \$ _____ dated the _____ day of _____, 20_____. The provision is applicable only when the application applied for is issued.
- Extended Term Insurance** -- To continue the insurance as nonparticipating extended insurance for the face amount, less any indebtedness thereon from the due date of the premium for the number of years and days as set forth in the Table of Non-forfeiture Values, and receive at the expiration of such period, if living, the amount of pure endowment, if any, stated in the Table of Non-forfeiture Values. This option is not available if the benefit certificate is issued in a special premium class as shown on the face page of the benefit certificate.
- Lapse/Term Conversion**
- Partial Withdrawal** -- To withdraw \$ _____ from Universal Life Certificate. A minimum of \$500.00 must remain in the fund balance. Please complete Section 17.
- Cash Surrender** -- To surrender the certificate for the cash value set forth in the Table of Non-forfeiture Values, less any indebtedness of the certificate. Please complete Section 17.

Section 16: Annuity Requests

Note: You may be subject to a Catholic Life early withdrawal charge. You may also be eligible for a free withdrawal. Refer to your Annuity certificate for details.

- Free Amount** - To withdraw _____% (1 through 10) of the cash value. This applies to the first withdrawal in a calendar year. Please complete Section 17. Apply withdrawal towards certificate # _____.
- Partial Withdrawal** - To withdraw \$ _____. The minimum withdrawal shall be the sum of \$100.00 or the entire net cash value if the remaining balance is less than \$100.00. Please complete Section 17. Apply withdrawal towards certificate # _____.
- Cash Surrender** - To surrender the annuity certificate for the entire cash value. Withdrawal of the entire cash value will automatically terminate this certificate. Please complete Section 17. Apply cash value towards certificate # _____.

Section 17: Withholding Notice & Election

Federal income tax withholding applies to the entire distribution from a qualified annuity, the interest on a non-qualified annuity, and the gain on a life insurance/modified endowment certificate. For annuities and modified endowments, if the owner is under the age of 59-1/2, and not disabled, the owner may be subject to an IRS Penalty.

CAUTION: You may be subject to IRS penalties for having insufficient income tax withheld, or estimated tax payments, during the year. For more information, consult your tax advisor.

- Option 1 - Withhold Federal Income Tax of \$ _____ or _____% (Minimum 10%)
 Option 2 - Do not withhold any income tax from the distribution. I understand that I am liable for the payment of Federal Income Tax.

NOTE: For PERMANENT DISABILITY: Please furnish a letter from the Social Security Administration OR Doctor stating disabled, OR a copy of Schedule R from your 1040 return.

Section 18: Signatures

X

SIGNATURE OF ASSIGNEE/OWNER(S)

SOCIAL SECURITY # DATE