

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

CATHOLIC LIFE INSURANCE

WITHHOLDING NOTICE INFORMATION (Form W-4P/OMB No. 1545-0074)

Basic Information About Withholding From Pensions and Annuities. Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit sharing, stock bonus, annuity, and certain deferred compensation plans; from IRA's; and from commercial annuities.

Caution: There may be penalties for not paying enough tax during the year, through either withholding or estimated tax payments. New retirees should see Publication 505, *Tax Withholding and Estimated Tax*. It explains the estimated tax requirements and penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your IRA using form W-4P.

Purpose of Form W-4P. Unless you elect otherwise, 10 percent federal income tax will be withheld from payments from individual retirement accounts (IRAs). You can use Form W-4P (or a substitute form, such as this form), provided by the trustee or custodian, to instruct your trustee or custodian to withhold no tax from your IRA payments or to withhold more than 10 percent. This substitute form should be used only for withdrawals from IRAs that are payable upon demand.

Nonperiodic Payments. Payments made from IRAs that are payable upon demand are treated as nonperiodic payments for federal income tax purposes. Generally, nonperiodic payments must have at least 10 percent income tax withheld.

Your election will remain in effect for any subsequent withdrawal unless you change or revoke it.

Payments Delivered Outside of the U.S. A U.S. citizen or resident alien may not waive withholding on any withdrawal delivered outside of the U.S. or its possessions. Withdrawals by a nonresident alien generally are subject to a tax withholding rate of 30 percent. A reduced withholding rate may apply if there is a tax treaty between the nonresident alien's country of residence and the United States and if the nonresident alien submits Form W-8BEN, *Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding*, or satisfies the documentation requirements as provided under federal regulations. The Form W-8BEN must contain the foreign person's taxpayer identification number.

For more information, Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Publication 519, *U.S. Tax Guide for Aliens*, are available on the IRS website at www.irs.gov or by calling 1-800-TAX-FORM.

Revoking the Exemption From Withholding. If you want to revoke your previously filed exemption from withholding, file another Form W-4P with the trustee or custodian and check the appropriate box on that form.

Statement of Income Tax Withheld From Your IRA. By January 31 of next year, your trustee or custodian will provide a statement to you and to the IRS showing the total amount of your IRA distributions and the total federal income tax withheld during the year. Copies of Form W-4P will not be sent to the IRS by the trustee or custodian.