

CATHOLIC LIFE INSURANCE

1635 N.E. Loop 410 • PO Box 659527 • San Antonio, Texas • 78265-9527
(210) 828-9921 • (800) 262-2548 • Fax (210) 828-4629
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LIFE TRANSACTION FORM

PLEASE PRINT LEGIBLY AND USE BLACK OR BLUE INK ONLY

CERTIFICATE INFORMATION

Certificate Number(s): _____

Note: Contact your Agent or our Membership Service Center for more information on any of the options below

CHANGE CONTACT INFORMATION

Insured Owner Payor Beneficiary Assignee

Name(s): _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Physical Address (if different): _____ City: _____ State: _____ Zip Code: _____

Phone #(s): _____ Email: _____

CERTIFICATE CHANGES, TRANSACTIONS, & REQUESTS

Reduced Paid-Up Insurance Extended Term Insurance

Lapse/Term Conversion Lost Certificate Request

Branch Transfer: Old Branch _____ to New Branch _____ Note: 1 Branch per Household

Dividend Option Change: D = Accumulate A = Paid-Up Additional Insurance P = Apply to Premium

Dividend Withdrawal: \$ _____ ALL *Choose One:* Mail to Owner Apply to Loan Apply to Premium

PDF/APD Withdrawal: \$ _____ ALL *Choose One:* Mail to Owner Apply to Loan Apply to Premium

Certificate Loan in the amount of \$ _____ Max Available (Up to 90% of Cash Value, including interest)

Partial Withdrawal - **Universal Life Only** (Must Complete Withholding Below) \$ _____ Max Available

Cash Surrender (Must Complete Withholding Below) Note: Withdrawal of the entire cash value will terminate this certificate.

Review your contract for any fees that may be applicable and/or other ways the election may affect your certificate.

FEDERAL INCOME TAX WITHHOLDING

Federal income tax withholding applies to the gain on a life insurance or modified endowment certificate. For 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. 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.

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 a Qualified Tax Advisor.

Option 1 - Withhold Federal Income Tax of \$ _____ or _____%

(If a percentage is provided, it will be calculated as a percent of the taxable amount only. Minimum of 10%, if withholding is elected.)

Option 2 - Do not withhold any income tax from the distribution. I understand that I am liable for the payment of Federal Income Tax.

ADDITIONAL DETAILS OR REQUESTS

SIGNATURE(S)

The undersigned represents and agrees that Catholic Life is furnishing this form and is participating in this transaction at the undersigned's specific request and as an accommodation to the undersigned. The undersigned's tax treatment under the Internal Revenue Code sections or otherwise and Catholic Life has neither responsibility nor liability for the undersigned's tax treatment under the Internal Revenue Code or otherwise.

I understand that neither the Catholic Life Insurance nor its representatives can give me tax or legal advice, and I assume full responsibility for the tax effects of this transaction.

Signature of Owner(s) (REQUIRED) _____

Date (REQUIRED) _____

Owner's Phone #(s): _____

Email: _____

LTF EFF 01/2023