

Request for Service

Name of Member _____ Certificate Number _____

1. **Change Name of Member:** from _____ to _____
REQUIRED: Please attach supporting documentation (marriage license, court document, etc.)
 To change the owner of your certificate, please use the appropriate form #235 or #243.
 To change your beneficiary, please use form #437 or #437A as appropriate.

2. **Change Mailing Address to:** _____

 New address, include zip code, phone number

3. **Change Date of Birth to:** _____ **Send certificate and proof of date of birth.**
 I authorize the Society to make whatever corrections are necessary in the above numbered certificate.

4. **Change Mode of Premium Payment to:** Annual Semi-Annual (\$10.00 Min.) Quarterly (\$10.00 Min.) ACH (Attach form 898)

5. **Change Amount of Premium Payment to:** \$ _____

6. **Issue Duplicate Certificate/ Certificate in Lieu of Certificate**
 I hereby certify that the original Certificate has been lost or destroyed and release the Society from any and all liability under said original Certificate. Said release to become effective as of the date the duplicate Certificate is delivered to me.

7. **Reduced Paid-Up Insurance**

8. **Cancel These Benefit(s) or Rider(s):** _____

9. **Reduce the Amount of Insurance to:** \$ _____

10. **Cash Loan** (Life Insurance Only, \$100 minimum)
 I wish to borrow \$ _____. I understand loan interest is according to the contract rate and provision.
 (check amount)
 I wish to borrow the MAXIMUM AMOUNT. I understand any premium due will be deducted from the amount requested.

11. **Annuity/Universal Life Withdrawal** (Please read the Notice of Withholding and Election for Payees and answer the questions in the red box on the back of the form.)
 I wish to withdraw \$ _____ (I wish to withdraw the MAXIMUM AMOUNT.)
 (\$100 minimum) Withhold any Federal tax and /or applicable charges **from** this amount.
 Withhold any Federal tax and/or applicable charges **in addition** to this amount.
 OPTION: To receive your withdrawal by Direct Deposit, please attach a VOID check **and** complete #16.

12. **Automatic Annuity Withdrawals** (Please read the Notice of Withholding and Election for Payees and answer the questions in the red box on the back of the form.)
 I wish to withdraw my annuity accumulations on a periodic basis.
 I wish to withdraw \$ _____ on a periodic basis
 (you may incur a surrender charge if you withdraw more than 10% annually.)
 Mode: Annual Semi-Annual Quarterly Monthly
REQUIRED: Please attach a VOID check for Direct Deposit **and** complete #16. Minimum \$100.00 for all modes selected.

13. **Minimum Distribution** (Please read the Notice of Withholding and Election for Payees and answer the questions in the red box on the back of the form.)
 I wish to take automatic distribution based upon:
 Single annuitant's life expectancy. **Birth date is required if spouse is more than 10 years younger.**
 Joint annuitant and spouse's life expectancy. Spouse date of birth _____
 Mode: Annual Semi-Annual Quarterly Monthly Starting Date: _____
REQUIRED: Please attach a VOID check for Direct Deposit **and** complete #16. Minimum \$100.00 for all modes selected.

14. **Special Instructions/Requests:** _____



15. Settlement Option (Send certificate) (Please read the Notice of Withholding and Election for Payees and answer the questions in the red box below.)

The effective date of the arrangement will be the date of the request and the first payment will be made at the end of the first period.

Mode: Annual Semi-Annual Quarterly Monthly

REQUIRED: Please attach a VOID check for Direct Deposit and complete #16. Minimum \$100.00 for all modes selected.

- Choose One: Option 1: Interest Income
- Option 2: Income for a Fixed Period _____ years certain.
- Option 3: Life Income (REQUIRED) Date of Birth: _____
 Choose one: Life Only 5 Years Certain & Life 10 Years Certain & Life
 15 Years Certain & Life 20 Years Certain & Life
- Option 4a: Income for a Fixed Amount \$ _____.
- Option 4b: Beneficiary IRA paid over life expectancy (REQUIRED) Beneficiary Date of Birth: _____
- Option 5: Joint and Survivor Income (REQUIRED) Joint Annuitant's Date of Birth: _____
 Choose one: Joint and Full Life Only
 Joint and 2/3 10 Years Certain & Life
 Joint and Half 20 Years Certain & Life

16. Authorization Agreement for Direct Deposit of Benefits from my Gleaner Certificate to my Bank/Credit Union

I hereby authorize Gleaner Life Insurance Society to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below at the depository named below to credit and/or debit the same to such account. This authorization is to remain in full force and effect until Gleaner Life Insurance Society has received written notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Depository Name _____ Branch _____ Phone No. _____

Account No. _____ Routing No. _____

Checking Account

Savings Account

PLEASE ATTACH A VOID CHECK.

NOTICE OF WITHHOLDING ON DISTRIBUTIONS OR WITHDRAWALS FROM AN ANNUITY, IRA, PENSION, PROFIT SHARING, OTHER DEFERRED COMPENSATION PLANS, AND LIFE INSURANCE CERTIFICATES

The distributions you receive from Gleaner Life Insurance Society (the "Society") are subject to Federal income tax withholding **unless you are permitted to elect not to have withholding apply**. Withholding will only apply to the portion of your distribution that is included in your income subject to Federal income tax. Thus, for example, there will be no withholding on the return of your own nondeductible contributions to the certificate.

Effective January 1, 1993, periodic distributions from plans that are eligible to be rolled over are subject to mandatory withholding rules. The withholding rate is 20%. The mandatory withholding rules do not apply to IRAs. (IRC § 408)

In circumstances that do not require the Society to withhold taxes, you may elect not to have withholding apply to your distribution payments by checking the box below and signing and dating this document.

If you do not make an election in an instance where mandatory withholding does apply, Federal income tax will be withheld from the taxable portion of your distribution.

If you elect not to have withholding apply to your distribution payments, or if you do not have enough Federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

ELECTION FOR PAYEES ON NON-PERIODIC PAYMENTS WHERE THE MANDATORY WITHHOLDING RULES DO NOT APPLY

INSTRUCTIONS: If you do not want any Federal income tax withheld from your distribution, sign and date this election below. The withholding rate for non-periodic payments is 10% of the portion of the distribution included in your Federal taxable income.

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

REQUIRED BY IRS FOR PROPER TAX REPORTING

		Yes	No
Please Answer Both	I want to have Federal income tax withheld from my Universal Life withdrawal, annuity payments, or distributions.	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, _____ % Fed. Withholding		
	I am subject to backup withholding under the provisions of section 3406(a)(1)(C) of the Internal Revenue Code.	<input type="checkbox"/>	<input type="checkbox"/>

Certification – Under penalties of perjury, I certify (1) that the number shown below is my correct taxpayer identification number and (2) that I am not subject to backup withholding (as noted above) either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding or (3) that I am subject to backup withholding (as noted above) and (4) I have read the above Notice and Election. **The Society recommends that you seek tax advice from an IRS qualified tax advisor.**

Witness Signature

Insured/Annuitant Signature

Social Security Number (REQUIRED)

Witness Signature

Owner or Applicant Signature

Social Security Number (REQUIRED)

Dated at _____ this _____ day of _____ 20_____
 City & State Date Month

Street Address

City, State, Zip

Phone Number