

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 \$ _____ (\$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 VOIDED CHECK.

INCOME TAX WITHHOLDING NOTICES AND ELECTION

REQUIRED BY IRS FOR PROPER TAX REPORTING

By not completing this section, you are electing to have the required federal income taxes withheld. The taxable portion of your distribution will be subject to federal income tax withholding and cannot be less than the required withholding percentage unless you opt out of withholding. Generally, a 10% Federal withholding rate will be applied against the taxable portion of your distribution unless Gleaner Life Insurance Society is required by law to withhold at other rates. **IMPORTANT:** If you have no income tax withheld or not enough withheld from your distribution, you may be responsible to pay estimated taxes. You may also incur penalties if your withholding and estimated tax payments are not sufficient. If you are a U.S. person (including a resident alien), and your address of record is a non-U.S. address, Gleaner Life Insurance Society is required to withhold income taxes unless you provide us with your U.S. residential address. If applicable, please provide your U.S. residential address with this form.

- I do not want to have federal income taxes withheld from the taxable portion of my distribution and acknowledge that I may be liable to pay income taxes.
- I want to have the following federal income tax percentage withheld on the taxable portion of my distribution: _____% (must be at least 10%; if no selection is made, Gleaner will withhold the required minimum 10%)

IN ADDITION, MICHIGAN RESIDENTS MUST COMPLETE THE FOLLOWING

Michigan law requires 4.25% income tax withholding from the taxable amount of your distribution unless your payments are not taxable or you opt out. Please check the appropriate box below if you are a Michigan resident.

- Your distribution is not taxable or you wish to opt out.
Note: Opting out may result in balance due on your MI-1040 as well as penalties and interest.
- I want to have the following state income tax percentage withheld on the taxable portion of my distribution: _____% (must be at least 4.25%; if no selection is made, Gleaner will withhold 4.25%)

Check this box if you are subject to backup withholding under the provisions of section 3406(a)(1)(c) of the IRC.

Certification: Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; (2) if I did not check the box above indicating that I am subject to backup withholding, I did not do so for the reason that I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and, (3) I am a U.S. person (including a U.S. resident alien). **The Society recommends that you seek tax advice from an IRS qualified tax advisor.**

I have enclosed the certificate(s) listed on the front of this form or certify that the certificate(s) has/have been lost or destroyed.

I certify that the foregoing statements are true and complete to the best of my knowledge.

Signature of Owner

Social Security Number (REQUIRED)

Signature of Witness

Date

Daytime Phone Number

**Distribution amounts of \$25,000 or above requires notarization.
Please place the notary ink stamp in the dotted box below.**

