



REQUEST FOR DEFERRED ANNUITY POLICY VALUE OR CHANGE

Insured _____

Policy Number _____

POLICY DISTRIBUTIONS/CHANGES

Place on Settlement Option:

- Life
Life with Refund
Life 10-Year Certain
Life 15-Year Certain
Life 20-Year Certain

Mode: Annual Semiannual Quarterly Monthly

Interest Only Options:

- 1. Interest only, with withdrawal availability to principal. All gain will be immediately subject to taxation due to the availability of withdrawal privileges.
2. Interest only, with no availability to withdrawal principal for 3-30 years. Interest earned will become taxable upon actual distribution, taxation on interest already accumulated will be deferred so long as interest only Option 2 is in effect.

Mode: Annual Semiannual Quarterly Monthly

*Partial Surrender Amount of Surrender \$_____

Total Cash Surrender

Qualified Retirement Plan Only (Not IRAs & SEPs.) If date is after December 31, 1992, we are required to withhold 20% of the cash value of the Annuity and send it to the IRS as income tax withholding to be credited against your taxes. You will receive only 80% of the cash value. Applies to both partial and total cash surrenders.

Loan (only applied to non-qualified annuity with loan provision in contract.) \$_____

*NOTE: If a partial surrender or full surrender is requested during the United Home Life penalty period, the contract's penalty will be applied.

Distribution prior to age 59 1/2 may result in a 10% I.R.S. early distribution penalty.

THE TRANSACTIONS REQUIRE COMPLETION OF THE FOLLOWING:

In accordance with the provisions of the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982

I DO NOT want Federal Income Tax withheld from my distribution. If you elect not to have Federal Income Tax withheld, you are responsible for payment of any tax due on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Such distribution is taxable in the year payment is made. Not applicable if cash surrender option selected for a qualified retirement plan.

I elect to have Federal Income Tax withheld according to the applicable withholding provisions of the Tax Equity and Fiscal Responsibility Act of 1982.

\$ _____ Federal Income Tax Withholding Amount.

I (we) certify that no other person, firm, or corporation has any interest in this policy except the undersigned and that no proceedings in bankruptcy or insolvency have been instituted or are pending against the undersigned. In the event the cash or loan stated in said policy is less than the amount of loan applied for, the Company is authorized to reduce the loan applied for to a sum not exceeding the cash or loan value. I (we) further certify that if this is a surrender of a qualified annuity, I understand the penalties of such a surrender and that I may apply the cash surrender value of this policy to another tax-sheltered plan within 60 days without tax penalty.

I, the policy owner, hereby certify under penalties of perjury, that the Social Security number provided is true, correct, and complete.

BENEFICIARY CHANGES

IMPORTANT: We suggest that you review **all** previous beneficiary designations each time a change is made in **any** beneficiary. If one of the designations on this form is left blank, any previously named beneficiary of that type (either primary or secondary) will not be changed. Our acceptance of a beneficiary change in no way implies that the change is in compliance with any rule, regulation, law or court order, including but not limited to ERISA requirements, and the Company disclaims any responsibility for the propriety of the change.

Request to Change Beneficiary on Policy _____ Insured _____
Social Security Number _____
Primary Beneficiary: _____

Relationship: _____
Contingent Beneficiary: _____

Social Security Number _____
Relationship: _____

OTHER POLICY CHANGES

Other request: _____

HOME OFFICE USE ONLY

The foregoing request accepted on _____ / _____ / _____
Month Day Year
By Secretary *Lynn B. Jongleux* _____
Authorized Company Representative

Change Insured's Address to: _____

 Change Owner's Address to: _____

ANY CHANGE TO INSURED'S ADDRESS WILL AUTOMATICALLY CHANGE OWNER'S ADDRESS UNLESS OTHERWISE NOTED.

For any form of Qualified Pension Plan distribution, I have received and read the "Special Notice Regarding Plan Payments" (Form 12-546).

ANY ASSIGNEE OR IRREVOCABLE BENEFICIARY WILL ALSO NEED TO SIGN BELOW!

_____	X	_____
Owner's Address		Owner's Signature
_____	X	_____
City/State		Owner's Social Security No. (TIN)
_____	X	_____
Zip		Signature of Agent or Witness
_____		_____
		Date
_____		_____
		Assignee/Irrevocable Beneficiary