



L2777

Multipurpose Service Request

Insured _____ Policy Number (s) _____

Owner's Tax ID Number: _____ Owner's Daytime Phone Number (_____) _____

1. Change **MAILING ADDRESS** for: Owner Insured Premium Payor

Address _____

2. **PREMIUM BILLING:** (For Monthly Pre-authorized Check plan complete form, L-1683)

Change PREMIUM PAYMENT FREQUENCY to: Annual Semi-annual Quarterly

STOP MONTHLY BANK DEDUCTIONS and bill: Annual Semi-annual Quarterly

3. **NON FORFEITURE OPTIONS:** Activate AUTOMATIC PREMIUM LOAN (APL) Stop APL

Elect REDUCED PAID-UP INSURANCE Elect EXTENDED TERM INSURANCE

4. **DUPLICATE POLICY/CERTIFICATE:** I certify that the original policy is lost/destroyed and request North American Company for Life and Health Insurance to rely on my certification to issue a duplicate policy or insurance certificate as appropriate. (For a duplicate policy, please enclose \$25.00 fee.)

5. **POLICY LOAN:** (See policy terms and conditions regarding loan and loan interest charges.)

Send a check for \$ _____ . Send a check for the maximum loan value.

Apply \$ _____ of the loan value toward the premium now due.

6. **PARTIAL SURRENDER:** (See policy for details regarding possible surrender charge/fee. If appropriate, the policy death benefit may be reduced by the amount of this surrender.)

Surrender a sufficient portion of the policy value to produce a net cash payment of \$ _____.

I elect IRS minimum required distribution amount. I elect a 10% partial annuity account withdrawal.

7. **FULL CASH SURRENDER:** (Send original policy or check statement below if policy is not available.)

I elect to terminate this policy and receive a check for the net cash value, if any.

LOST POLICY statement: I certify that the policy listed above is lost or destroyed and assign all right, title and interest in the lost/destroyed policy to North American Company for Life & Health Insurance.

8: **TAX WITHHOLDING ELECTION:** (Must be completed in connection with items 3,5,6, and 7 above.)

NO, I do not want federal income tax, and state income tax where applicable, withheld from my distribution.

YES, I want to have federal income tax, and state income tax where applicable, withheld from my distribution.

I acknowledge that I may incur federal/state and/or local tax consequences relative to all or any portion of the cash amount received. If I elect not to have withholding apply to this distribution or if insufficient federal/state income tax is withheld from this distribution, I may be responsible for payment of estimated tax and any penalties incurred. If federal/state income tax is withheld, I am liable for payment of such income tax on the taxable portion of the distribution and any penalties under the estimated tax payment rules if payment of estimated tax and withholding, if any, is not adequate. **A mandatory 31% withheld from taxable amount on distributions when the owner tax ID number is not obtained after sending form W-9.**

All requests must be currently dated and signed. Under penalties of perjury, I certify that the tax identification number shown on this form is my correct tax payer Identification Number. I release North American Company for Life and Health Insurance from any liability and represent that no other person, firm or corporation has any interest in the policy and that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned.

Date _____ Present Owner* _____

*When owner is a corporation, trust or other entity, write the title of the signer next to the signature.

Witness _____ Owner Spouse _____

(If your policy was issued in or you currently reside in one of these states AZ, CA, ID, LA, NM, NV, TX, WA, WI)

Collateral Assignee _____ Irrevocable Beneficiary _____