

**SERVICE FORM  
MEMBERS® VARIABLE  
UNIVERSAL LIFE II INSURANCE**

Owner's Name \_\_\_\_\_

Policy No. \_\_\_\_\_  
(No more than one policy number should appear.)

**Enter the Owner's/Assignee's Social Security Number in the box below:**

Owner's/Assignee's Social Security Number  
   -   -

OR

Owner's/Assignee's Employer Identification Number  
  -

**A. PAYMENT ENCLOSED INSTRUCTIONS** DC 68  
 INDICATE TYPE OF PAYMENT AND ALLOCATION INSTRUCTIONS  
 Amount enclosed \$ \_\_\_\_\_  
 TYPE OF PAYMENT  
 Apply as premium     Apply as policy loan repayment  
 ALLOCATION INSTRUCTIONS  
 Apply this payment according to current premium allocation instructions **unless specified below.** (Use **whole** percentages, not less than 1%.)  
 \_\_\_\_\_ % Mid Cap  
 \_\_\_\_\_ % Large Cap Growth  
 \_\_\_\_\_ % Large Cap Value  
 \_\_\_\_\_ % Diversified Income  
 \_\_\_\_\_ % Core Bond  
 \_\_\_\_\_ % Vanguard VIF Money Market  
 \_\_\_\_\_ % International Stock  
 \_\_\_\_\_ % High Income  
 \_\_\_\_\_ % Conservative Allocation  
 \_\_\_\_\_ % Moderate Allocation  
 \_\_\_\_\_ % Aggressive Allocation  
 \_\_\_\_\_ % Fixed Account  
 \_\_\_\_\_ % Other \_\_\_\_\_  
 Total - 100%

**D. CHANGE OF AUTOMATIC CHECK PLAN** DC 65  
 Effective on the date this request is recorded by the Company, change the future monthly automatic check amount for this policy to \$ \_\_\_\_\_ (\$25.00 minimum).  
 Effective on the date this request is recorded by the Company, change the future monthly automatic check withdrawal date for my plan to:  
 1     5     10     15     20     25

**B. CHANGE AMOUNT OF PREMIUM REMINDER** DC 65  
 In the future, please send a premium reminder for \$ \_\_\_\_\_ (\$25.00 minimum) effective \_\_\_\_\_ Date  
 Annually     Semiannually     Quarterly

**E. TRANSFER FUNDS** DC 33  
 Effective on the day this request is received at the home office of the Company, transfer the following funds among the subaccounts and Fixed Account. Indicate the dollar amount or percentage to be transferred. The subaccount or Fixed Account being transferred "to" must be listed as percentage(s). (Use **whole** percentages, not less than 1%.)  
**FROM:**  ALL  
 \$/ % \_\_\_\_\_ Mid Cap  
 \$/ % \_\_\_\_\_ Large Cap Growth  
 \$/ % \_\_\_\_\_ Large Cap Value  
 \$/ % \_\_\_\_\_ Diversified Income  
 \$/ % \_\_\_\_\_ Core Bond  
 \$/ % \_\_\_\_\_ Vanguard VIF Money Market  
 \$/ % \_\_\_\_\_ International Stock  
 \$/ % \_\_\_\_\_ High Income  
 \$/ % \_\_\_\_\_ Conservative Allocation  
 \$/ % \_\_\_\_\_ Moderate Allocation  
 \$/ % \_\_\_\_\_ Aggressive Allocation  
 \$/ % \_\_\_\_\_ Strategic Income  
 \$/ % \_\_\_\_\_ Developing Markets  
 \$/ % \_\_\_\_\_ T. Rowe Price International Stock  
 \$/ % \_\_\_\_\_ Invesco Oppenheimer VI Global Strat Inc  
 \$/ % \_\_\_\_\_ Fixed Account  
 \$/ % \_\_\_\_\_ Other \_\_\_\_\_

**C. CHANGE ALLOCATION OF FUTURE NET PREMIUMS** DC 33  
 Effective with the first payment received after this request is recorded by the Company, begin allocating future premiums as follows: (Use **whole** percentages, not less than 1%.)  
 \_\_\_\_\_ % Mid Cap  
 \_\_\_\_\_ % Large Cap Growth  
 \_\_\_\_\_ % Large Cap Value  
 \_\_\_\_\_ % Diversified Income  
 \_\_\_\_\_ % Core Bond  
 \_\_\_\_\_ % Vanguard VIF Money Market  
 \_\_\_\_\_ % International Stock  
 \_\_\_\_\_ % High Income  
 \_\_\_\_\_ % Conservative Allocation  
 \_\_\_\_\_ % Moderate Allocation  
 \_\_\_\_\_ % Aggressive Allocation  
 \_\_\_\_\_ % Fixed Account  
 \_\_\_\_\_ % Other \_\_\_\_\_  
 Total - 100%

**TO:**  
 % \_\_\_\_\_ Mid Cap  
 % \_\_\_\_\_ Large Cap Growth  
 % \_\_\_\_\_ Large Cap Value  
 % \_\_\_\_\_ Diversified Income  
 % \_\_\_\_\_ Core Bond  
 % \_\_\_\_\_ Vanguard VIF Money Market  
 % \_\_\_\_\_ International Stock  
 % \_\_\_\_\_ High Income  
 % \_\_\_\_\_ Conservative Allocation  
 % \_\_\_\_\_ Moderate Allocation  
 % \_\_\_\_\_ Aggressive Allocation  
 % \_\_\_\_\_ Fixed Account  
 % \_\_\_\_\_ Other \_\_\_\_\_

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**F. POLICY LOAN ALSO COMPLETE SECTION G.**

DC 38

EFT (Electronic Funds Transfer) \$ \_\_\_\_\_

**Complete Section J.**

By Check \$ \_\_\_\_\_  
Allocate the funds withdrawn from the subaccounts and/or Fixed Account as **specified below**. If no percentages are indicated, the loan will be processed pro rata based on the account values.

Use the following percentages. (Use **whole** percentages, not less than 1%.)

- \_\_\_\_\_ % Mid Cap
- \_\_\_\_\_ % Large Cap Growth
- \_\_\_\_\_ % Large Cap Value
- \_\_\_\_\_ % Diversified Income
- \_\_\_\_\_ % Core Bond
- \_\_\_\_\_ % Vanguard VIF Money Market
- \_\_\_\_\_ % International Stock
- \_\_\_\_\_ % High Income
- \_\_\_\_\_ % Conservative Allocation
- \_\_\_\_\_ % Moderate Allocation
- \_\_\_\_\_ % Aggressive Allocation
- \_\_\_\_\_ % Strategic Income
- \_\_\_\_\_ % Developing Markets
- \_\_\_\_\_ % T. Rowe Price International Stock
- \_\_\_\_\_ % Invesco Oppenheimer VI Global Strat Inc
- \_\_\_\_\_ % Fixed Account
- \_\_\_\_\_ % Other \_\_\_\_\_

Total - 100%

(If any subaccount or Fixed Account has insufficient value to follow instructions, funds will be withdrawn on a pro rata basis from all subaccounts or Fixed Account.)

To set up a formal loan repayment plan, complete one of the lines below.

- Begin charging my checking account \$ \_\_\_\_\_ per month using the automatic check plan.
- Add \$ \_\_\_\_\_ to my existing loan repayment per month using the automatic check plan.

**G. NOTICE: If no election is made, withholding rules will apply.**

**Notice of Withholding.** This distribution you are requesting is **subject to mandatory federal income tax withholding (and state withholding in some states) unless you elect not to have withholding apply.** Withholding only applies to the taxable portion of your distribution. If the taxable portion is unknown, withholding will apply to the gross amount of the payment. This may result in excess withholding on the payment. If an election is not made, the applicable federal income tax (and state income tax if required by your state) will be withheld. If you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax and you may incur penalties under the estimated tax rules if your withholding and estimated tax payments are insufficient.

Election: Check the appropriate box below.

- I do not want to have federal or state income tax withheld from this distribution.
- Withhold the amount as provided in the income tax withholding guidelines. Withholding will only apply to the taxable portion of the distribution or withdrawal. If additional amount of withholding is needed, please note in special instructions.

**H. SPECIAL INSTRUCTIONS**

**I. PARTIAL WITHDRAWAL OF CASH VALUE**

DC 49

ALSO COMPLETE SECTION G.

EFT (Electronic Funds Transfer) \$ \_\_\_\_\_ **Complete Section J.**

By Check \$ \_\_\_\_\_

The partial withdrawal is to be effective the date this form reaches the home office of the Company. Allocate the withdrawal of funds from subaccounts and/or Fixed Account as **specified below**. If no percentages are indicated, the partial withdrawal will be processed pro rata on the account values.

Use the following percentages. (Use **whole** percentages, not less than 1%.)

- \_\_\_\_\_ % Mid Cap
- \_\_\_\_\_ % Large Cap Growth
- \_\_\_\_\_ % Large Cap Value
- \_\_\_\_\_ % Diversified Income
- \_\_\_\_\_ % Core Bond
- \_\_\_\_\_ % Vanguard VIF Money Market
- \_\_\_\_\_ % International Stock
- \_\_\_\_\_ % High Income
- \_\_\_\_\_ % Conservative Allocation
- \_\_\_\_\_ % Moderate Allocation
- \_\_\_\_\_ % Aggressive Allocation
- \_\_\_\_\_ % Strategic Income
- \_\_\_\_\_ % Developing Markets
- \_\_\_\_\_ % T. Rowe Price International Stock
- \_\_\_\_\_ % Invesco Oppenheimer VI Global Strat Inc
- \_\_\_\_\_ % Fixed Account
- \_\_\_\_\_ % Other \_\_\_\_\_

Total - 100%

(If any subaccount or Fixed Account has insufficient value to follow instructions, funds will be withdrawn on a pro rata basis from all subaccounts or Fixed Account.)

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<p><b>J. EFT (ELECTRONIC FUNDS TRANSFER) INSTRUCTIONS</b></p> <p>Name of Financial Institution _____</p> <p>City/State _____</p> <p>Account Owner _____</p> <p>Routing # _____</p> <p>Account # _____</p> <p><input type="checkbox"/> Checking/Share Draft    <input type="checkbox"/> Savings/Share Account</p> <p>For your convenience, we will retain your account information provided above, to automatically credit your account, approximately two business days after the withdrawal date. Please attach a voided check so we may obtain the correct account numbers.</p>	<p><b>K. CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER</b></p> <p><b><i>Under penalties of perjury, I certify that:</i></b></p> <ol style="list-style-type: none"> <li>I am a U.S. person (including a U.S. resident alien), and</li> <li>I am not subject to backup withholding because: (a) I am exempt from backup, or (b) I have not been notified by the Internal Revenue Service (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</li> <li>The number shown on this form is my correct taxpayer identification number, and</li> <li>The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (Not Applicable)</li> </ol> <p><b>Instructions:</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.</p>
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***The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.***

**The owner of the policy must sign below.** Irrevocable beneficiaries or collateral assignees must sign to authorize the transaction. The undersigned hereby agrees to authorize the transaction(s) as stated above which affect my (our) interest in this policy. I hereby authorize the above transaction(s).

_____	_____	_____
Owner's Signature	Date	Owner's Address
_____		_____
Owner's Social Security Number		Owner's Address
_____	_____	_____
Irrevocable Beneficiary(s)/Collateral Assignees Signature (if any)	Date	Owner's Telephone Number
_____	_____	
Rep Name/Number	Date	