



Mercer Health & Benefits Administration LLC
PO Box 9122
Des Moines IA 50306-9122
Fax Number: 515-365-1520

Owner Transaction Request Instruction Form
Group Universal Life
Administered by Mercer Health & Benefits Administration LLC

Instructions: This form must be completed to request a loan, surrender or withdrawal from your certificate.

Please follow these steps:

- Read each section before completing this form.
- Complete sections 1 through 5. Please print using blue or black ink.
- Section 4 and 5 must be completed** or we may be required to withhold.
- Sign and date** your request in **section 6** or the form will be returned.
- If your certificate has been assigned, the assignee or trustee must complete all sections of this form.
- Return the completed form to Mercer at the address above or you may fax it to **515-365-1520**.

Please Note: The certificate owner must sign the form for validity.

Important Tax Information: This information will help you complete sections 4 and 5, which are required by the Internal Revenue Service. Please read it carefully. Mercer and its representatives cannot give tax or legal advice. Mercer generally must report to its certificate owners all payments of taxable income on Internal Revenue Form 1099. These payments include certificate disbursements to the extent a taxable gain is distributed. If the certificate is classified as a modified endowment contract (MEC), it is taxed on an income-first basis, meaning that all gain in the certificate is distributed first, followed by recovered basis. For additional information, you can reference the Internal Revenue Service website at www.irs.gov.

Tax Withholding Election:

Federal income tax withholding: Federal tax laws require us to withhold income taxes from certain cash payments. If you sign and date this form, but do not make an election in section 4 or 5, Mercer will be required to withhold federal income taxes of 10% of the taxable amount of the distribution. You must check the appropriate box in section 4 if you do not want to have federal income taxes withheld. You must check the appropriate box in section 5 to certify your Taxpayer Identification Number (TIN). You will be liable for any federal income taxes. If you request a check to be mailed to an address outside of the U.S. or its possessions, you cannot elect out of withholding unless you provide evidence of your citizenship as described below.

Estimated tax and possible penalties: If you elect to have no income tax withheld from your withdrawal or if you do not have enough income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties if your withholding and estimated tax payments are not sufficient. You may be subject to IRS penalties if you fail to provide your correct Taxpayer Identification Number, fail to report taxable interest or dividends on your tax return, or give false tax information. You may be subject to a 10 percent federal income tax penalty if you are under the age of 59 ½ and your certificate is classified as MEC.

Tax Certification:

Citizenship: You must indicate if you are not a U.S. citizen or resident alien. In that case, you must state the country of which you are a citizen and submit an applicable IRS Form W-8 (BEN, ECI, EXP, IMY). In most instances, Form W-8BEN will be the appropriate form.

Backup withholding: You must tell us if the IRS has notified you that you are subject to backup withholding because you did not report all your taxable interest and dividends on your tax return. **You are not subject to backup withholding if either (a) you did not receive such a notice from the IRS, (b) the IRS recently told you that you are no longer subject to a backup withholding order, or (c) you are exempt from such withholding.**

Taxpayer Identification Number and birthdate: You must include your Tax Identification Number (TIN) and date of birth. The TIN for the certificate is:

- Your Social Security Number if you are an individual or the owner of a sole proprietorship;
- The Employee Identification Number (EIN) if you represent a trust, estate, corporation, partnership or tax exempt organization;
- The TIN of the grantor/trustee, or that the actual owner of a trust-like entity not recognized as a legal or valid trust under state law.



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Owner Transaction Request Instruction Form Group Universal Life

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1 Insured's Information	Last Name First Name Middle Initial			Residence Telephone #
	Mailing Address			Daytime Telephone #
	City	State	Zip Code	Employer Name
	Social Security # or Taxpayer Identification #			
	Has ownership of insurance been assigned? <input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes, the assignee must complete section 2 of this form and sign as owner.)			
2 Assignee's Information (if applicable)	Last Name First Name Middle Initial			
	Name of Estate or Trust			
	Mailing Address			Residence Telephone #
	City	State	Zip Code	Daytime Telephone #
	Social Security # or Taxpayer Identification #			
3 Distribution Request (Please complete only box A, B or C)	<input type="checkbox"/> A. Withdraw from my cash value Employee Certificate (select one) <input type="checkbox"/> Withdraw from my net cash value the amount of \$ _____ <input type="checkbox"/> Send maximum amount available <input type="checkbox"/> Send maximum amount available and cancel cash value contributions. Spouse Certificate (select one) <input type="checkbox"/> Withdraw from my net cash value the amount of \$ _____ <input type="checkbox"/> Send maximum amount available <input type="checkbox"/> Send maximum amount available and cancel cash value contributions.			<input type="checkbox"/> Please overnight the check to me. I understand the fee will be deducted from my withdrawal amount. (Cannot overnight to a PO Box)
	<input type="checkbox"/> B. Loan Request from my cash value Employee Certificate (select one) <input type="checkbox"/> Loan from my net cash value in the amount of \$ _____ <input type="checkbox"/> Send maximum amount available Spouse Certificate (select one) <input type="checkbox"/> Loan from my net cash value the amount of \$ _____ <input type="checkbox"/> Send maximum amount available			<input type="checkbox"/> Please overnight the check to me. I understand the fee will be deducted from my withdrawal amount. (Cannot overnight to a PO Box)
	Minimum loan amount may apply. Please refer to the "LOAN" provision in your GUL certificate of insurance. Withholding does not apply on a loan distribution.			
<input type="checkbox"/> C. Cancel/Surrender my coverage <input type="checkbox"/> Employee <input type="checkbox"/> Spouse (both boxes may be selected) <input type="checkbox"/> Child Rider – Date last child ineligible per certificate of insurance _____				
The above coverage is hereby surrendered for payment of its cash value, in surrendering this certificate, it is understood that all rights, privileges and benefits under said certificate, except the right to receive the amount of cash surrender value, are hereby cancelled. A surrender fee may be applicable. Please refer to the "SURRENDER" provision in your GUL certificate of insurance.				

<p style="text-align: center;">4</p> <p style="text-align: center;">Tax Withholding Elections</p> <p>(If this section is not completed, we may be required to withhold)</p>	<p style="text-align: center;">Notice and Election of Federal Income Tax Withholding on Distributions</p> <p>The distribution you receive is subject to federal withholding unless you elect to waive withholding. Withholding will only apply to the portion of your distribution that is included in your income subject to federal income tax. Thus, there will be no withholding on the return of your premium payments that may be recovered tax-free. You may elect to waive withholding. If you do not want to have federal income tax withheld from your distribution, select the appropriate box below and sign and date the form. 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 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.</p> <p>Please select only one box</p> <ul style="list-style-type: none"> <input type="checkbox"/> I do not want to have federal income tax withheld from my distribution. <input type="checkbox"/> I want to have federal income tax withheld from my distribution. The withholding amount will be 10% of the amount subject to federal income tax. <input type="checkbox"/> I would like to withhold a higher percentage, please indicate below: Please withhold _____ % of the amount subject to federal income tax.
<p style="text-align: center;">5</p> <p style="text-align: center;">Tax Certification</p> <p>(This section is required to disburse funds)</p>	<p style="text-align: center;">Taxpayer Identification Number (TIN) Certification</p> <p>Under penalties of perjury, I certify that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. The number shown on this form is my correct taxpayer identification number, and <input type="checkbox"/> 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, 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 <input type="checkbox"/> 3. I am a U.S. person (including a U.S. resident alien). <input type="checkbox"/> I have been notified by the Internal Revenue Service that I am subject to backup withholding due to underreporting of interest or dividends. <input type="checkbox"/> I am exempt from FATCA <p>_____ Owner's Signature</p> <p>_____ Date (Month, Day, Year)</p> <p>Or</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am not a U.S. citizen or resident alien. I am a citizen of _____ Attach applicable IRS Form W-8 (ECI, EXP, IMY). <p>Permanent Address _____ _____</p> <p>Foreign Tax Identification Number _____ <i>"The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to establish your status as a non-U.S. person and, if applicable, obtain a reduced rate of withholding."</i></p> <p>_____ Owner's Signature</p> <p>_____ Date (Month, Day, Year)</p> <p>For questions regarding FATCA, please see http://www.irs.gov/</p>
<p style="text-align: center;">6</p>	<p style="text-align: center;">Authorization and Signature</p> <p>I authorize the above changes to my Group Universal Life Insurance and I make the tax withholding election indicated above if I am withdrawing from the cash value or surrendering coverage.</p> <p>_____ Owner's Signature</p> <p>_____ Date (Month, Day, Year)</p>