



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 & Supplemental Term 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](http://www.irs.gov).

**Tax Withholding Election:** Federal and State 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 is possessions, you cannot elect out of withholding unless you provide evidence of your citizenship as described below. **Note:** Your transaction may also be subject to State withholding taxes in certain states. If your resident state requires mandatory withholding, we will withhold the default amount your State requires even if you elect no withholding.

**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 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 a 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, BEN-E, 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 date of birth:** 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.
- FATCA Reporting. You must tell us if you are subject to FATCA reporting.



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 & Supplemental Term Life

Please print using blue or black ink.

<h3>1</h3> 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 <b>(If Yes, the assignee must complete section 2 of this form and sign as owner.)</b>			
<h3>2</h3> 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 #			
<h3>3</h3> Distribution Request (Please complete only box A, B or C)	<input type="checkbox"/> <b>A. Withdraw from my cash value</b> 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.			<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)
	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"/> <b>B. Loan Request from my cash value</b> 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 <i>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.</i>			
<input type="checkbox"/> <b>C. Cancel/Surrender my coverage</b> <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.				

**Notice and Election of Tax Withholding on Distributions**

If you would like taxes withheld, complete this section. Otherwise, we will not withhold taxes unless required by law. The distribution you receive is subject to federal withholding unless you elect to waive withholding

**4**

Tax  
Withholding  
Election

(If this section is not completed, we may be required to withhold)

Please select only one box for federal withholding:

- I do not want to have federal income tax withheld from my distribution.
- 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.
- I would like to withhold a higher percentage, please indicate below:  
Please withhold \_\_\_\_\_ % of the amount subject to federal income tax.

**If applicable, you may be subject to state tax withholding.**

**Taxpayer Identification Number (TIN) Certification**

**5**

Tax  
Identification  
Number  
Certification

(This section is required to disburse funds)

\_\_\_\_\_  
"First Name of Employee or Assignee"                      "MI"                      "Last Name"

Check One:

- I am a U.S. person  
(including a resident alien)
- I am a citizen of \_\_\_\_\_  
Attach completed applicable Form W-8 (BEN, BEN-E, EXP, ECI, IMY)

Under penalties of perjury, I certify that:  
My Taxpayer Identification Number is \_\_\_\_\_  
(For individuals, the Taxpayer Identification Number is the Social Security Number.)

Under penalties of perjury, I certify that that the number shown on this form is my correct Tax Identification Number (Social Security Number). I am not subject to backup withholding because (a) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, (b) the IRS has told me that I am no longer subject to a backup withholding order or (c) I am exempt from backup withholding. I am not subject to FATCA reporting.

Check here only if the following apply to you:

- I have been notified by the Internal Revenue Service that I am subject to backup withholding due to under reporting of interest or dividends.
- I am subject to FATCA reporting. (Requires 30% withholding on full disbursement.)

For questions regarding FATCA, please see <http://www.irs.gov/>

**Authorization and Signature**

**6**

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.

\_\_\_\_\_  
Certificate Owner's or Assignee's Signature

\_\_\_\_\_  
Date (Month, Day, Year)