

United Farm Family Life Insurance Company

225 South East Street P.O. Box 1250 Indianapolis, Indiana 46206-1250 Phone: 800-723-3276 Fax: 317-692-8404

POLICY LOAN REQUEST

Policy Number:

Loan Amount Requested:

(If an amount is not requested, a maximum loan will be processed.)

Insured's Name:

Loan interest will be payable at the rate stated in your contract. For a traditional Life policy, loan interest is payable in advance; and for a Universal Life policy, loan interest is payable in arrears. Any interest not paid when due will be added to the Indebtness and bear interest at the same rate.

THE FOLLOWING SECTION MUST BE COMPLETED FOR TAXABLE POLICY DISTRIBUTION

I, the policy owner, hereby certify under penalties of perjury, that the Social Security number provided below is true, correct, and complete. (Failure to do so will result in Backup Withholding.)

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

D 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.

□ I elect to have Federal Income Tax withheld according to the applicable withholding provisions of the Tax Equity and Fiscal Responsibility Act of 1982. We will withhold 10% of the taxable distribution. If you wish a higher percentage, then indicate the amount to withhold here_____.

IF NO ELECTION IS MADE AND IF THERE IS A TAXABLE DISTRIBUTION, THE DEFAULT WILL BE NOT TO WITHHOLD FEDERAL INCOME TAX

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.

All check disbursements will be mailed directly to policy owner unless requested differently in writing.

DO NOT SIGN OR WITNESS A BLANK FORM

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Foreign Citizenship of Owner/Insured requires an IRS Form W-8 BEN unless holder of Green Card or E-2 Visa.

Owner's Name (Print)					
X Signature of Owner Date		X Signature of Witness			Date
Owner's Social Security No. (TIN)	<u> 2</u>	X Assignee/Ir	revocable Bene	eficiary	Date
Owner's Address					
Owner's City/State/Zip Code					
НО	ME OFFIC	E USE ONLY			
The foregoing request accepted on Month		Day	, ,	Year	
By Secretary Krisfin B. Kelhur		Authorized Co	ompany Repres	sentative	