Instructions for Surrender - State of Oregon Only

Please complete Sections 5 and 6 along with the other highlighted items in order to surrender this policy. Please have your written signature witnessed by a disinterested party. If a corporation owns the policy we require the signatures and titles of two of the officers in order to process this request.

Life insurance is a critical part of a broader financial plan. There are many options available and you have the right to shop around and seek advice from different financial advisers in order to find the option best suited to your needs.

Instead of surrendering the policy, you may want to consider one of your other options listed below:

- 1) Have your policy endorsed as a Guaranteed Reduced Paid Up Policy. You may wish to contact the Administrative Office at 1-833-508-0404 to obtain the amount of Paid Up Insurance available in your policy. (No further premium payments ever required, and the face amount will never decrease.) If you choose this option, complete Section 1 of the Policyholders Service Request Form and all other shaded items.
- 2) Request a policy loan up to the maximum available. You may wish to contact the Administrative Office at 1-833-508-0404 to obtain the amount of loan available. For a policy loan, complete Section 3 of the Policyholders Service Request Form and all other shaded items.

Before you complete the form and return it to the Administrative Office you may wish to call us to discuss these options regarding your policy



STATE MUTUAL INSURANCE COMPANY P.O. BOX 11864

WINSTON SALEM, NC 27116 1-833-508-0404 (TOLL FREE)

POLICY SERVICE REQUEST

POLICY NO.	INSURED	OWNER	CHOOSE ONE:
			Single Divorced Married Widow/Widower
The undersigned hereby requests and directs the Company to make the following changes or take the action requested below. (Check the section you want changed and complete the required information.)			
Section 1. REQUEST FOR NON-FORFEITURE OPTION OR AUTOMATIC PREMIUM LOAN PROVISION			
TO: REDUCED PAI	D UP EXTEND		TOMATIC PREMIUM LOAN
Section 2. CHANGE DIVIDEND OPTION			
TO: CASH	REDUCE (Available with anr PREMIUMS premium payments		☐ PAID UP ADDITIONS
Section 3. CASH LOAN REQUEST			
☐ MAXIMUM AVAILABLE ☐ INCLUDE CASH VALU		CAS s Self Support Dividend Option If Requ	H (UP TO MAXIMUM AVAILABLE) ested)
In consideration of the advance by State Mutual Insurance Company of this requested loan, all rights, title, and interest in this policy is assigned to the Company as sole security for the repayment of the loan with interest, subject to the loan provisions of the policy. The loan provisions are made a part of this agreement. The undersigned declares that no bankruptcy proceedings are now pending.			
Section 4. WITHDRAWAL / SURRENDER OF FUNDS			
\$ \$	DIVIDEND ACCUMULATIONS CASH SURRENDER OF PAID	•	PREPAID PREMIUMS* ANNUAL PREMIUM LIFE*
\$	ADDITIONS FLEXIBLE PREMIUM ANNUIT	Y* \$	OTHER
			*Have Withdrawal Penalty
Section 5. SURRENDER OF POLICY For the Cash Surrender Value, the undersigned surrenders this policy, and all claims thereunder, and directs that a check be forwarded for			
the proceeds after deduction of indebtedness, if any. The undersigned declares that no bankruptcy proceedings are now pending. Section 6. WITHHOLDING NOTICE			
The federal tax law provides that any nonperiodic distribution to you from a policy or rider by State Mutual Insurance Company will be subject to Federal Income Tax. There will be no withholding on the portion of distribution, which represents the return of your own premium contributions. You may elect not to have withholding apply to your distribution by completing the section below and returning it to us. If your election is not returned, we will process your distribution request with the withholding of Federal Income Tax at the rate of 20% from the taxable portion of the withdrawal. If you elect not to have withholding apply to your distribution, you may be responsible for payment of estimated tax. You may also incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.			
Please check the appropr			lect to have withholding from any stribution made from my policy.
Section 7. SPECIAL INSTRUCTIONS			
SIGNATURES OF POLICY OWNER AND/OR ASSIGNEE REQUIRED			
OWNER SIGNATURE	SHOW TITLE IE SIGNED ON BEHALE OF CORPO	RATION .	
ADDITIONAL SIGNATURE (if Required) SHOW TITLE IF SIGNED ON BEHALF OF CORPORATION			
OWNER'S MAILING ADDRESS	NUMBER STREET	CITY	STATE ZIP
WITNESS SIGNATURE*			DATE
*WITNESS MUST BE AN UNRELATED AD	OULT PERSON WITH NO INTEREST IN THE POLICY	Y PRINTED NAME	

<u>IMPORTANT: DO NOT USE CORRECTION FLUID ON THIS FORM. IF YOU HAVE MADE AN ERROR, MARK THROUGH</u>
<u>IT AND INITIAL YOUR CHANGE</u>.

DISCLOSURES

Important Information About Your Life Insurance Policy

Life insurance is a critical part of a broader financial plan. If you are considering a change to the policy or its status, there are many options available. You have the right to shop around and seek advice from different financial advisers. You should consider consulting with a licensed insurance or financial adviser in order to find the option(s) best suited to your needs.

Residents of New Hampshire: Any of the following actions related to your life insurance policy may have significant future financial, tax or other implications:

- Surrender of the policy
- Failure to pay premium
- Lapse of the policy
- Application of the equity of the policy toward payment of premium
- Application of accumulated dividends toward payment of premium
- Financing premium payments
- Assignment of the policy or any right under the policy
- Sale of the policy

Before you act, you need to consider all options carefully and seek advice from a licensed financial advisor, attorney or other professional who can explain all available options and consequences.

Residents of New York: Your policy may have a cash surrender value. Further information, including the amount of cash surrender value, is available upon written request from the policyowner at our address shown above.

Residents of Oregon: Please contact the Oregon Insurance Division of Insurance for further information. Visit its web site at http://insurance.oregon.gov/consumer/life-insurance/understand life.html or call an advocate at 1-888-877-4894 or 1-503-947-7984.