

Instructions for Requesting Your Policy be Placed on Reduced Paid Up Insurance

To request a guaranteed Reduced Paid Up policy please complete section one of the Policy Service Request form. Please complete and sign where shaded at the bottom of the form. Your signature must be witnessed by a disinterested party.

For the protection of both parties, if you live in a community property state we request that the owner's spouse join in signing and dating the enclosed Acknowledgement form. The Acknowledgement Form must be completed and signed by the spouse , if applicable. If you are divorced and your property settlement agreement addresses incidents of ownership of this policy, we require a copy of the divorce decree or property settlement that shows to whom the policy was awarded.

If you have questions regarding the amount of Reduced Paid Up Insurance available under your policy, please contact our Administrative Office at 1-833-508-0404.

We cannot accept faxed forms.

STATE MUTUAL INSURANCE COMPANY
PO BOX 11864
WINSTON SALEM, NORTH CAROLINA 27116
OFFICE: 1-833-508-0404
FAX: 1-336-759-3141

ACKNOWLEDGEMENT

Policy Number: _____ Insured: _____

I have an interest in the policy numbered above as indicated below:

Please check one:

- Irrevocable beneficiary
- Assignee under an assignment
- Spouse living in a community property state (AZ, CA, GU, ID, LA, NV, NM, TX, WA, WI)

Hereby acknowledge the owner of the above referenced policy has made:

- A request for **Partial Withdrawal** from an annuity reducing the value of the annuity.
- A request for withdrawal of dividends.
- A request for **Partial Surrender** of a Universal Life policy; reducing the face amount of the policy
- A request for **Reduced Paid Up Insurance** – the face amount is reduced to the amount that can be bought by the Net Single Premium equal to Net Cash Value of the policy.
- A request for **Policy Loan** – if not repaid, the face amount is reduced by the outstanding loan when a claim is made.
- A request for **Cash Surrender** – the policy has no further value and does not provide a death benefit.
- A request for **Change of Beneficiary** – the beneficiary previously named is being changed.
- A request for **Change of Owner** – the owner previously named is being changed.
- A request to **Add a Contingent Owner** other than the current spouse.
- A request for **Assignment** – the entire policy or a portion thereof, is being given to another.
- A request for **Accelerated Death Benefit** – the face amount is reduced by the amount of the benefit. As one of the persons checked above, you will receive a disclosure of the final cash value, loan value and face amount once the Accelerated Benefit has been paid.
- A request for **Reduction in Death Benefit**.

By signing this Acknowledgement, I agree that the policyowner may make, and the Company may act on, the above request.

Signature of Person with Interest as indicated above

Date

Printed Name of Person with interest as indicated above

Acknowledged before me this _____ day of _____, 20_____

by _____.

Such person is known to me or has produced _____ as identification.

Notary Signature _____

(Seal)

Notary Printed Name _____

Notary Public Commission No. _____

Once completed, return the form to the address at the top of this document.