



P.O. Box 3211
Milwaukee WI 53201-3211

414-273-6266 Telephone
414-223-3201 Fax
800-927-2547 Toll-Free
catholicfinanciallife.org

For overnight delivery use 1100 West Wells Street, Milwaukee, WI 53233

Loan or Withdrawal Service Request

Send check directly to Advisor

Advisor Name

1. Certificate Loan

I desire a contract loan on Certificate # _____, # _____, # _____
Send check in the amount of \$ _____, \$ _____, \$ _____
To pay the premium of \$ _____ on contract # _____; \$ _____ on contract # _____;
\$ _____, on contract # _____.
The current interest rate charged on the loan is ____%.

2. Knight Life Withdrawal: (please check) Knight Life Participation Credit Premium Deposit Fund

Certificate # _____, # _____, # _____
Send check in the amount of \$ _____, \$ _____, \$ _____
To pay premium of \$ _____, on contract or application for new insurance # _____
To pay premium of \$ _____, on contract or application for new insurance # _____
To make payment of \$ _____, on contract loan or premium loan on contract # _____
To make payment of \$ _____, on contract loan or premium loan on contract # _____
Participation Credit to Reduce Premium Option Elected: Yes or No

3. Annuity Withdrawal: (includes Interest Deposit Accounts)

Certificate # _____, # _____, # _____
Total Withdrawal \$ _____, \$ _____, \$ _____
(Optional) Federal Income
Tax Withholding \$- _____, \$- _____, \$- _____
Send check in the amount of \$ _____, \$ _____, \$ _____
To pay premium of \$ _____, on contract or application for new insurance # _____
To make payment of \$ _____, on contract loan or premium loan on contract # _____
 If applicable, I am aware of the surrender charge on this transaction.

4. Dividend Withdrawal

Certificate # _____, # _____, # _____
Total Withdrawal \$ _____, \$ _____, \$ _____
(Optional) Federal Income
Tax Withholding \$- _____, \$- _____, \$- _____
Send check in the amount of \$ _____, \$ _____, \$ _____
To pay premium of \$ _____, on contract or application for new insurance # _____
To pay premium of \$ _____, on contract or application for new insurance # _____
To make payment of \$ _____, on contract loan or premium loan on contract # _____
To make payment of \$ _____, on advance premium on contract # _____

ELECTIVE WITHHOLDING (see reverse side): If elective withholding applies and you do not want us to withhold any Federal income tax from the payment you have requested, please write your initials in the blank below:

(Initials) I do not want to have Federal income tax withheld from my payment.

(BEFORE COMPLETING SIGNATURE PORTION, SEE WITHHOLDING PARAGRAPH ABOVE AND SEE REVERSE SIDE FOR INSTRUCTIONS)

Date of Request _____ Insured _____

Signature of Owner _____ Phone Number _____

(See withholding paragraph above)

Owner's Address _____

Street

City

State

Zip

Check if this is a new address

Owner's Social Security Number _____

Signature of Assignee

Signature of Advisor or Witness

TAXPAYER IDENTIFICATION NUMBER AND WITHHOLDING INSTRUCTIONS

IN GENERAL

The federal income tax law may require us to withhold federal income tax from the payment that you requested. This is explained more fully below. In reading these explanations, you should keep in mind that the taxable income portion of any payment from an annuity is not "interest income", but rather is "other taxable income."

By January 31 of next year, you will receive a statement from us showing the taxable portion of the payment, if determinable from our records, or the full amount of the payment, and showing the total of any income tax withheld during the year. You can take the amount of any tax withheld as a credit for taxes paid when you file your income tax return.

BACKUP WITHHOLDING ON INTEREST INCOME

If the payment you have requested includes any taxable interest income, we must withhold Federal Income Taxes at a rate of 20% of the interest if you have not provided us with your Taxpayer Identification Number (TIN) or if the IRS has notified us that your TIN is incorrect. If that is the case, we are sending an IRS Form W-9 along with this form. If you do not want us to withhold, please complete, sign and return the Form W-9 when you return this form. We will not withhold in respect to taxable interest if we have not sent you a

Form W-9 with this form. (Generally, an individual's TIN is his or her Social Security Number.)

If you do not have a Taxpayer Identification Number you may apply for one through your local Social Security Administration or IRS office using this Form SS-5.

ELECTIVE WITHHOLDING ON OTHER TAXABLE INCOME

If the payment you have requested includes any taxable income other than interest income, we must withhold federal income tax unless you tell us not to withhold or unless the taxable income is under \$200. If we withhold, withholding will only apply to the portion of your payment that is included in your income subject to Federal income tax. Thus, for example, there will be no withholding on the return of your own nondeductible contributions to the contract. If we withhold, we will withhold at the rate of 10% of the amount of taxable income in your payment.

You may elect to avoid withholding by initialing the request to not withhold that appears on the front of this form.

If you elect to avoid withholding, or if you do not have enough Federal income tax withheld from your payment, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

SIGNATURE INSTRUCTIONS

SIGNATURE BY OWNER -

Owner must sign name as it appears in the contract. The signature of a woman who has married since the contract was issued should add her present surname to her name as it appears in the contract.

SIGNATURE BY ASSIGNEE -

If the signer of the form is an assignee and the assignee is a bank, or other financial institution or corporation, an officer must sign with the title affixed. Name of corporate entity must appear above the signature.

SIGNATURE ON BEHALF OF A CORPORATION -

If the signer of form is a corporation, an officer of the corporation must sign on behalf of the corporation with the title affixed. If the proceeds are payable to the Insured an officer other than the Insured must sign indicating his/her title. Name of corporation must appear above the signature.

SIGNATURE ON BEHALF OF PARTNERSHIP -

If the signer of the form is a partnership the name of the partnership must be given. A partner other than the Insured must sign.

SIGNATURE ON BEHALF OF TRUST -

If the signer of the form is a Trust, the authorized Trustees must sign designating themselves as Trustees. The name of the Trust must appear above the signatures.