



CUSTOMER SERVICES  
REQUEST FORM  
For General Markets Only

Policy number                      Insured                      Corporate owner                      Phone number of corporation

1. ☐ **PARTIAL WITHDRAWAL** Withdraw, \$ \_\_\_\_\_ from this policy (or the full amount available, if less, to maintain the contractual minimum balance). \*This option is available for certain flexible premium annuities and universal life (UL) policies.

- NOTE:
1. A \$25 withdrawal fee will be automatically deducted from the cash value of universal life policies.
  2. If withholding is selected, your net check will be the amount requested.
  3. All taxable distributions will be reported to the IRS.
  4. If changing a UL loan to a partial withdrawal, all interest accrued will be charged.
  5. Contractual charges will be automatically deducted from the value of flexible annuities and universal life contracts.
  6. Partial withdrawals on universal life contracts may create a need to increase future premium payments.

**SIGNATURES\***

\_\_\_\_\_  
Name of company

Attest: \_\_\_\_\_  
Secretary or assistant secretary

By: \_\_\_\_\_  
President or vice president (other than insured)

\_\_\_\_\_  
Signature of assignee (if any)

Date: \_\_\_\_\_

2. ☐ **SURRENDER** Pay all of the value of this policy and terminate the insurance protection represented by this policy.

NOTE: All taxable distributions will be reported to the IRS.

**(Please check one)**

- ☐ Policy returned with original request.  
☐ The policy to be surrendered is enclosed. (Just return the Specifications Page, usually the first page.)  
☐ My policy has been lost, destroyed, stolen, or cannot be located at this time. If the original policy is found or comes into my possession, I will return it to you.

**SIGNATURES\***

\_\_\_\_\_  
Name of company

Attest: \_\_\_\_\_  
Secretary or assistant secretary

By: \_\_\_\_\_  
President or vice president (other than insured)

\_\_\_\_\_  
Signature of assignee (if any)

Date: \_\_\_\_\_

3. ☐ **FEDERAL TAX INFORMATION** (Social Security number must be completed for above transactions)

As payee, you are required by law to provide us (as payor) with your correct taxpayer identification number (Social Security number). To verify that we have your correct number, please provide below.

\_\_\_\_\_  
Social Security number of insured

\_\_\_\_\_  
Social Security number of owner

If you have not provided us with your correct taxpayer identification number, you may be subject to a \$100 penalty imposed by the IRS. In addition, you may also be subject to 28 percent backup withholding.

**Withholding Election**

If you do not elect to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

Please make your election below. **(If election is not specified, we will automatically withhold 10 percent.)**

**\*This election includes any state withholding if mandatory.**

- ☐ NO, DO NOT withhold federal income tax from my distribution.  
☐ YES, DO withhold federal income tax from my distribution.

**CAUTION: The taxable portion of a withdrawal from an Annuity policy may be subject to a 10-percent premature distribution penalty if age is not 59 1/2. You may want to consult a tax advisor.**

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of owner                      Signature of assignee (If any)                      Date

Remarks: \_\_\_\_\_

Agent: \_\_\_\_\_ Agency: \_\_\_\_\_

Policy number \_\_\_\_\_ Insured \_\_\_\_\_ Corporate owner \_\_\_\_\_ Phone number of corporation \_\_\_\_\_

**4. ☐ TRANSFER** All value of the policy to another policy in accordance with Internal Revenue Guidelines.

Pay to: \_\_\_\_\_  
Full name and address \_\_\_\_\_

and note my account # \_\_\_\_\_. I understand this transaction will be reported to the IRS. It is the responsibility of the participant and the receiving company to determine that the proceeds are handled properly. If there is any question, a tax advisor should be consulted regarding taxability of the distribution. RETURN POLICY for cancellation.

**SIGNATURES\***

\_\_\_\_\_  
Name of company

Attest: \_\_\_\_\_  
Secretary or assistant secretary

By: \_\_\_\_\_  
President or vice president (other than insured)

\_\_\_\_\_  
Signature of assignee (if any)

Date: \_\_\_\_\_

**5. ☐ POLICY LOAN** Place a loan against the policy.

- ☐ For the full amount available.  
☐ For \$ \_\_\_\_\_ cash (or the full amount available, if less).  
☐ To pay \_\_\_\_\_ months premium due on ☐ this policy ☐ Policy number \_\_\_\_\_

By signing below, owner of policy acknowledges that any loan requested is a first lien on the policy which shall be deducted from any benefits or nonforfeiture values. The owner also represents that the policy is not assigned except as indicted below by signature of assignee, if any, and there are no proceedings in bankruptcy against him/her. (Policy not needed.)

**SIGNATURES\***

\_\_\_\_\_  
Name of company

Attest: \_\_\_\_\_  
Secretary or assistant secretary

By: \_\_\_\_\_  
President or vice president (other than insured)

\_\_\_\_\_  
Signature of assignee (if any)

Date: \_\_\_\_\_

**6. ☐ PREMIUM DEPOSIT FUND (PDF) RIDER WITHDRAWAL**

- ☐ Withdrawal for the full amount available.  
☐ For \$ \_\_\_\_\_ cash (or the full amount available, if less).  
☐ For pay \_\_\_\_\_ to pay premium due on **Policy number** \_\_\_\_\_

**SIGNATURES\***

\_\_\_\_\_  
Name of company

Attest: \_\_\_\_\_  
Secretary or assistant secretary

By: \_\_\_\_\_  
President or vice president (other than insured)

\_\_\_\_\_  
Signature of assignee (if any)

Date: \_\_\_\_\_

**7a. ☐ PRESENT DIVIDENDS** Apply present and accumulated dividends:

- ☐ To reduce premiums ☐ Toward policy loan payment ☐ To be paid in cash  
☐ To accumulate at interest ☐ To buy paid-up additional insurance ☐ As follows \_\_\_\_\_  
☐ For pay \_\_\_\_\_ to pay premium due on **Policy number** \_\_\_\_\_

**7b. ☐ CHANGE DIVIDEND OPTION** Apply future dividends as follows \_\_\_\_\_

**8. ☐ EXERCISE NONFORFEITURE OPTION** Apply the value of my policy to provide:

- ☐ Extend term insurance ☐ Reduced paid-up insurance. Policy will be issued **free of indebtedness** unless you indicate otherwise in Remarks below.

Remarks: \_\_\_\_\_

Agent: \_\_\_\_\_ Agency \_\_\_\_\_



**CUSTOMER SERVICES  
REQUEST FORM  
For General Markets Only**

Policy number                      Insured                      Corporate owner                      Phone number of corporation

9. ☐ **ADD AUTOMATIC PREMIUM LOAN** Whenever premiums become past due, a loan will be processed against the available cash value to pay premiums. The policy number must be paid current when the Automatic Premium Loan is added.

**SIGNATURES\*** \_\_\_\_\_ Date: \_\_\_\_\_  
Name of company  
Attest: \_\_\_\_\_ By: \_\_\_\_\_  
Secretary or assistant secretary                      President or vice president  
\_\_\_\_\_  
Signature of assignee (if any)                      Corporate Tax Identification Number

**\*SIGNATURE REQUIREMENTS.** Two signatures are required for each transaction. The president or vice president must sign and the signature must be attested to by the corporate secretary or assistant secretary.

**EXCEPTION:** If we have received a valid request from the corporation requesting that changes be made on authority of different officers than these, this request should be followed. **(Such a request should be in the form of a resolution of the board of directors.)**

10. ☐ **CHANGE OF NAME** On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the insured's name was changed by

☐ Marriage                      ☐ Divorce                      ☐ Adoption                      ☐ Court Order  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Please print name                      Please print name

If change is by marriage, please give spouse's full name \_\_\_\_\_

**If change is by divorce, adoption or court order, provide copies of legal documents to support the change.**

11. ☐ **CHANGE OF ADDRESS**

To: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street                      City                      State                      ZIP Code

12. ☐ **STATEMENT AS TO LOST POLICY AND REQUEST FOR LOST POLICY CERTIFICATE**

Policy number                      Insured                      Corporate owner

1. The owner and all others who have signed below state that the policy and any duplicate of lost policy certificate issued previously cannot be located.
2. That no sale, pledge, gift or assignment of the policy has been made except to any assignee who has signed below.
3. We request that the Kansas City Life Insurance Company issue a lost policy certificate. If the policy or lost policy certificate is found, we will return it to Kansas City Life.

**SIGNATURES\*** \_\_\_\_\_ Date: \_\_\_\_\_  
Name of company  
Attest: \_\_\_\_\_ By: \_\_\_\_\_  
Secretary or assistant secretary                      President or vice president  
\_\_\_\_\_  
Signature of assignee (if any)                      Corporate Tax Identification Number

**\*SIGNATURE REQUIREMENTS.** Two signatures are required for each transaction. The president or vice president must sign and the signature must be attested to by the corporate secretary or assistant secretary.

**EXCEPTION:** If we have received a valid request from the corporation requesting that changes be made on authority of different officers than these, this request should be followed. **(Such a request should be in the form of a resolution of the board of directors.)**

Remarks: \_\_\_\_\_

Agent: \_\_\_\_\_ Agency: \_\_\_\_\_