



☐ THE WESTERN AND SOUTHERN LIFE INSURANCE COMPANY  
☐ WESTERN-SOUTHERN LIFE ASSURANCE COMPANY  
CINCINNATI, OHIO 45202

**REQUEST FOR POLICY TRANSACTION**

☐ Policy Service 0400 ☐ Annuity Operations 5100

1. OFFICE CODE		ACCT. NO.	CO. CODE	POLICY NUMBER		OWNER'S SS NO. OR TIN (REQUIRED FOR TAXABLE DISTRIBUTION)				
INSURED		(LAST)	(FIRST)	(MID. INIT.)	(AREA CODE)	TELEPHONE NO.		CLIENT ACCT. NO.		
2. <input type="checkbox"/> <b>PARTIAL SURRENDERS, PUA RIDER SURRENDERS, DIVIDEND and/or LOAN VALUE to PAY PREMIUMS</b> I request premiums be paid using partial surrenders, dividend and/or loan value as follows:										OWNER DATE OF BIRTH
CO. CD	POLICY NUMBERS	PREMIUM	MODE TO BE PAID A, S, Q, OR M	NO. OF MONTHS TO BE PAID	DATE PREMIUM IS DUE	DIVIDEND VALUE TO BE APPLIED	AMOUNT COLLECTED IN CASH	AMOUNT NOT APPLIED	LOAN VALUE TO BE APPLIED	PART/RIDER SURR VALUE TO BE APPLIED
A.										
B.										
C.										
D.										
E.										
F.										
G.										
H.										
3. <input type="checkbox"/> <b>DIVIDEND DISPOSITION REQUEST</b>		A. <input type="checkbox"/> I request application of \$ _____ of dividend cash value to the loan indebtedness <input type="checkbox"/> on this policy or <input type="checkbox"/> on Policy No. _____ B. <input type="checkbox"/> I request withdrawal of \$ _____ of dividend cash value.								
4. <input type="checkbox"/> <b>DIVIDEND OPTION CHANGE</b>  <b>PLEASE CHOOSE OPTION</b>		A. <input type="checkbox"/> Applied toward payment of premiums (Regular Ordinary only) (Option 1) <b>B. <input type="checkbox"/> Paid in cash (Option 2)</b> C. <input type="checkbox"/> Accumulate at interest (Option 3) <input type="checkbox"/> Convert existing paid-up additions to accumulations D. <input type="checkbox"/> Purchase paid-up additions (Option 4) <input type="checkbox"/> Convert existing accumulations to paid-up additions E. <input type="checkbox"/> Applied toward payment of loan interest due or principal. When the dividend exceeds the loan, any excess will be paid in cash. If policy was issued 1996 or later, dividends will be used to reduce principal instead of applied to loan interest. F. <input type="checkbox"/> Apply Option 1 excess dividends to _____								
5. <input type="checkbox"/> <b>LOAN REQUEST</b>		A. <input type="checkbox"/> I request a policy loan for the maximum amount available. B. <input type="checkbox"/> I request a policy loan which will provide a check for \$ _____ } <b>Owner assigns policy to the Company in connection with this loan.</b> C. <input type="checkbox"/> DO NOT DEDUCT THE OUTSTANDING PREMIUM DUE (DOES NOT APPLY TO UL/CAP/STRATA/OPTIMUS).								
6. <input type="checkbox"/> <b>CASH SURRENDER</b> (NOT FOR 1035 EXCHANGE; USE FORM DO-659)		A. <input type="checkbox"/> Entire policy (If PUA rider on policy, Surrender will include all values.) <b>B. <input type="checkbox"/> Basic Coverage</b> <b>C. <input type="checkbox"/> Annuity Fund</b> D. <input type="checkbox"/> Indicate if surrendered portion is to be applied to other policy(ies): Policy No. _____ Amount \$ _____ Policy No. _____ Amount \$ _____ / Policy No. _____ Amount \$ _____ <b>Attach DO-70 to a New Business Application</b>								
7. <input type="checkbox"/> <b>PARTIAL CASH SURRENDER</b>		<b>Indicate type of policy and total amount of partial surrender to be taken. Include in total amounts to be used for E, F and G.</b> I request a partial release of the cash surrender value of the above numbered policy. A. <input type="checkbox"/> UL/CAP/STRATA/OPTIMUS* \$ _____ <b>B. <input type="checkbox"/> Accumulation Value \$ _____</b> } Is this amount <input type="checkbox"/> Yes C. <input type="checkbox"/> Annuity Fund \$ _____ <b>D. <input type="checkbox"/> Annuity Contract <input type="checkbox"/> \$ _____</b> } after taxes? <input type="checkbox"/> No E. <input type="checkbox"/> Use to repay loan on this policy (must repay in full) <input type="checkbox"/> Accumulation Interest - <b>Omniflex only</b> F. <input type="checkbox"/> Use to repay loan on policy # _____ <input type="checkbox"/> 10% Withdrawal * OPTIMUS/ULTRA/PROTECTION LIFE is not eligible for Preferred rates if Selected Amount is reduced below \$100,000 G. <input type="checkbox"/> Use to pay premium on policy(ies), <b>complete #2 above</b> <input type="checkbox"/> RMD								
8. <input type="checkbox"/> <b>PUA RIDER SURRENDER</b>		<b>Rider Cash Withdrawal</b> A. <input type="checkbox"/> APUA \$ _____ <b>B. <input type="checkbox"/> SPUA \$ _____</b> <b>C. <input type="checkbox"/> Order OPS PUA AMT \$ _____</b> <b>PREMIUM PAYMENTS COMPLETE #2 ABOVE</b> D. <input type="checkbox"/> APUA \$ _____ <b>E. <input type="checkbox"/> SPUA \$ _____</b> <b>F. <input type="checkbox"/> Order OPS PUA AMT \$ _____</b> <b>APPLY TO LOAN ON # (S)</b> _____ G. <input type="checkbox"/> APUA \$ _____ <b>H. <input type="checkbox"/> SPUA \$ _____</b> <b>I. <input type="checkbox"/> Order OPS PUA AMT \$ _____</b> <input type="checkbox"/> Pay Partial Amount <input type="checkbox"/> Pay Full Amount								
9. <input type="checkbox"/> <b>MATURING ENDOWMENT</b> (SUBMIT POLICY)		A. <input type="checkbox"/> Annuity Fund Partial Maturity \$ _____ <b>B. <input type="checkbox"/> In a single sum.</b>								

Please Sign Form On Page 3



10. <input type="checkbox"/> <b>PREMIUMS PAID FROM ACCUM VALUE</b>	I request that the specified premiums for the above-numbered policy be paid from that policy's excess cash value (the excess of the Accumulation Value over Guaranteed Cash Value). I understand my excess cash value will be reduced by amounts withdrawn to pay these premiums.					
<b>EIL/CENT/ADLIFE</b>	<b>PREMIUM</b>	<b>MODE</b>	<b>NO. OF MONTHS</b>	<b>PREMIUM DUE DATE</b>	<b>AMOUNT COLLECTED IN CASH</b>	<b>ACCUMULATION VALUE TO BE APPLIED</b>

11. <input type="checkbox"/> <b>MAIL CHECK TO PAYEE</b>	<b>Number and Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

12. <input type="checkbox"/> <b>METHOD OF PAYMENT</b>	<p>The company reserves the right to decline any EFT and will issue a check in lieu of the deposit request. In order to process EFT, the account owner and policy owner must be the same.</p> <p><b>Please send payments by Electronic Funds Transfer to:</b></p> <p><input type="checkbox"/> <b>Checking Account</b> Please attach a voided check.</p> <p><input type="checkbox"/> <b>Savings Account</b> Please attach a letter from the bank, verifying account number and routing transit number.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Name of Bank _____</p>    <p>Signature of Depositor _____</p>    <p>Date _____</p> </div> <div style="width: 48%;"> <p>Account No. (Please specify only one account) _____</p>    <p>Routing No. _____</p>    <p>Signature of Joint Depositor _____</p>    <p>Date _____</p> </div> </div> <p>A signature on this form transmitted by facsimile or electronically shall have the same force and effect as an original signature, once received the faxed document is the controlling document.</p>					
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13. A taxable distribution may occur as a result of the following action:

- |                  |   |   |
|------------------|---|---|
| • Cash Dividends | • Dividends to Pay Premiums on Other Policies       | • Partial Cash Surrenders               |
| • Cash Surrender | • Dividends to Pay a Loan on Itself or Other Policy | • Loans on Modified Endowment Contracts |
|                  |   | • Maturity                              |

IF THE REQUEST ON THE REVERSE SIDE IS THE SAME AS ONE OF THE ITEMS LISTED ABOVE, A WITHHOLDING ELECTION SHOULD BE INDICATED BELOW. OTHERWISE, IF THERE IS A TAXABLE AMOUNT AND NO WITHHOLDING IS INDICATED, WE WILL WITHHOLD AT THE STANDARD RATE. **FINANCIAL REPRESENTATIVE** - You can determine if the request is taxable by reviewing the Policy Status, SPIRIT OPTION 33, or Annuity Values, SPIRIT OPTION 36.

#### Income Tax Withholding

Federal tax law states that the taxable portion of withdrawals is subject to 10% income tax withholding, although you may elect to have it withheld at a different percentage rate or elect no withholding. **Unless you request otherwise on the form below, Western & Southern Life will be required to withhold 10% federal income tax.** If you are a resident of AR, CA, DC, DE, GA, IA, KS, MA, MD, ME, NC, NE, OK, OR, VA, VT or Puerto Rico and withhold federal tax, Western & Southern must also withhold state tax at the state's standard rate unless you indicate otherwise. State withholding does not apply in AK, FL, HI, NV, NH, SD, TN, TX, WA or WY. For CT residents, mandatory withholding will apply unless form CT-W4P is submitted to opt out. Opt out is not available for single sum distributions. For MS residents, mandatory withholding will apply for early distributions (before age 59.5) or a return of excess contributions from qualified plans. If you choose not to withhold federal tax, Western & Southern will also not withhold any state income tax unless you indicate otherwise.

Even if you elect not to have income tax withheld, you are still liable for the payment of income taxes on your taxable distributions. You may also be subject to tax penalties if your payments of estimated tax and withholding, if any, are inadequate. I direct Western & Southern to:

#### Federal

- ☐ To withhold the standard rate for federal income taxes
- ☐ NOT to withhold federal income taxes
- ☐ To withhold taxes as follows: \_\_\_\_\_ % rate (See IRS Form W-4R and Marginal Rate Table for more information)

#### State (Certain states require additional information as noted above)

- ☐ Withhold based on state's standard rate
- ☐ NOT to withhold state income taxes
- ☐ To withhold taxes as follows: ☐ \_\_\_\_\_ % or ☐ \_\_\_\_\_ amount

#### Community Property Consent

If you reside or have resided in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI), and are making a life withdrawal request, your spouse may need to consent to such request. You may obtain such consent by having your spouse sign below.

**The Company is not liable for any consequences resulting from your failure to obtain proper consent.**

#### Spousal Consent (if applicable)

I have reviewed this request form and, as the spouse of the policy owner, I consent to it and waive any rights I may have to the policy to the extent of the request. This consent supersedes any prior spousal consent regarding the policy.

Sign Here: \_\_\_\_\_

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



14. Tax elections made here supercedes any previous elections made with regard to this contract. Contract owners under age 59½ may be subject to IRS 10% penalty tax on amounts withdrawn. Under penalties of perjury, I certify that the Social Security Number/Tax I.D. Number listed is correct and that I am not subject to Backup Withholding Tax. I certify that said policy is not assigned or involved in bankruptcy proceedings. I agree to the withholding election below, if applicable.

\_\_\_\_\_  
Owner's Signature  
(Printed Signature Unacceptable Unless Reason is given in Special Request)

\_\_\_\_\_  
Date

If your policy was issued in, KY, ME, OR, or WA and you are requesting a cash withdrawal, by signing this form, you are verifying that you have received the information supplied by your agent.

Are Attachments (other than policy) or Special Request Included? ☐ Yes ☐ No

THIS REQUEST MAY RESULT IN A TAXABLE DISTRIBUTION.  
HAS THE INCOME TAX WITHHOLDING INFORMATION BEEN COMPLETED? ☐ Yes ☐ No

#### 15. Required for Virginia Residents Only: Recommendation of Surrender/Withdrawal

*The following questions and related certification are required for Virginia residents only; answers for residents of other states may be disregarded.*

Did an agent recommend that you take a surrender/withdrawal from your annuity contract? ☐ Yes ☐ No

If yes, the agent must complete the Certification of Compliance immediately below.

#### Agent Certification of Compliance

- In making a recommendation related to this annuity contract, I acted in the best interest of the Consumer.
  - This recommendation is based on my evaluation of the relevant Consumer profile information.
  - I exercised reasonable diligence, care and skill to:
    - Know the Consumer's financial situation, insurance needs, and financial objectives;
    - Understand the available recommendation options after making a reasonable inquiry into the available options that I am licensed and authorized to recommend or sell;
    - Have a reasonable basis to believe the recommended option effectively addresses the Consumer's financial situation, insurance needs, and financial objectives over the life of the product, as evaluated in light of the Consumer profile information; and
    - Communicate the basis for the recommendation to the Consumer.
  - I made reasonable efforts to obtain the Consumer profile information from the Consumer.
  - I have considered all factors generally relevant in making a determination whether the surrender effectively addresses the Consumer's financial situation, insurance needs, and financial objectives, including, but not limited to, Consumer profile information, characteristics of the insurer, and product costs, rates, benefits, and features.
- I have identified and avoided, or reasonably managed and disclosed to the Consumer any material conflicts of interest that may influence the impartiality of the annuity recommendation.
- I have documented, in written format, the basis for this recommendation.
- I have provided the Consumer with the required Producer Relationship Disclosure Form.
- I agree to maintain and make available, upon request, to the insurer or any applicable regulator, records of the information collected, disclosures made, documentation regarding the basis of this recommendation, and any additional analysis forms and other information used in connection with this annuity contract recommendation.
- I understand the insurer may contact the Consumer for additional information.

As evidenced by my signature below, I certify the foregoing is true.

Print Name: \_\_\_\_\_  
(Agent Name)

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

#### 16. SPECIAL REQUEST - SHOULD NOT BE COMPLETED TO RE-STATE INFORMATION THAT IS LISTED ELSEWHERE ON FORM DO-70.

For your protection, California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

