

# Interstate Life Insurance Company

3750 West Deerfield Road • Riverwoods, Illinois 60015  
(847) 850-3403 • Fax (847) 850-3304 • www.interstatelife.com

## Life Withdrawal Request

### 1. Contract Information

Contract No.(s)

Insured's Name

Owner's Name (If different than the Insured)

Contract Owner's Phone Number

Contract Owner's Email Address

### 2. Surrender Request

- I request a full surrender of my life contract. I certify that the original contract is enclosed or it is lost. I certify that there are no existing assignments and that no petition in bankruptcy has been filed by or against me. The payment represents the full amount due under the contract. I agree that Interstate Life Insurance Company is released, acquitted, and discharged from all claims and/or liabilities under this contract, if any, which may exist now or hereafter.

### 3. Loan Request

- I request a loan of \$ \_\_\_\_\_  I request a loan for the maximum amount available.
- Please start EFT loan repayments of \$ \_\_\_\_\_ per month. If your policy is not yet on EFT please fill out form L-2287.

The undersigned hereby assign the insurance contract listed above as collateral to secure repayment of the loan amount requested. The undersigned agree to pay interest on this loan at the rate provided in, and according to the terms of the loan provisions of the contract. The loan rate on most of our insurance contracts is 8%.

The undersigned further agree that loan interest not paid when due will be added to the principal of the outstanding loan and shall bear interest at the same rate. If the total indebtedness against the contract, including the amount of this loan and any unpaid interest, at any time equals or exceeds the then cash surrender value of the contract, the cash surrender value shall be applied to the payment of the indebtedness and the contract shall automatically terminate.

Any indebtedness shall be automatically deducted from the contract proceeds if this contract matures as a death claim or otherwise. This loan may be repaid in whole or in part at any time before the Insured's death.

We expressly warrant that no one has any interest in the contract except the undersigned, that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned, and there is no Federal Tax lien in force against the undersigned.

If the contract has been classified as a Modified Endowment Contract under the 1988 Technical and Miscellaneous Revenue Act (TAMRA), then any distribution or withdrawals you receive from the Company that exceed your investment based on the contract are taxable and subject to Federal Income tax withholding, and/or penalties.

### 4. Partial Withdrawal Request

- I request a partial withdrawal of \$ \_\_\_\_\_ (For universal life only. \$25 fee, minimum withdrawal \$1,000, face amounts will be reduced by amount of partial withdrawal, face amount cannot be less than \$25,000.)

### 5. Delivery Options

- Mail check to owner's address.  Mail check to alternate address below.

Name \_\_\_\_\_

Address \_\_\_\_\_

- Other: \_\_\_\_\_

### 6. Signatures

I certify that I am the proper person to receive payment(s) from this contract. I understand that this transaction may trigger withdrawal charges and that the amount I withdraw may involve tax consequences. I affirm that all statements made on this Life Withdrawal Request form are true to the best of my knowledge and belief.

Signature of Owner

Date

Additional Signature (Spouse's signature required in California)

Date