

Policy Number

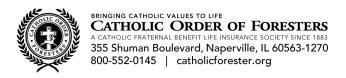
WITHDRAWAL REQUEST/ DIVIDEND OPTION CHANGE

Date of Birth (mm/dd/yyyy)

| Use this form for a one-time withdra (signatures endorsed on page 3) | | | ion on a life ir | nsurance policy. Unles | s Section 4 is completed | |
|---|---|-----------------------|--------------------|--------------------------|---------------------------------------|--|
| SECTION 1: OWNER/T | RUST/BUSINE | SS ENTITY | | | | |
| Owner / Trust or Business Entity Name | | | | | <mark>of Birth</mark> (If Applicable) | |
| Social Security Number or Tax Identification Number Date Executed (If a trus | | | (If a trust) | Prima | ary Phone Number | |
| Trustee Names if a trust (provide a | n hard copy of all the pa | ages of the trust) or | Business Aut | thorized Officer Name | and Title | |
| Email Address | | | | | | |
| Street Address | | | | | | |
| City | | | State | ZIP C | ode | |
| Use the above address for all futu | re correspondence? | □ Yes □ No (| Yes changes | s the Owner's addres | s of record) | |
| SECTION 2: ONE-TIME | E WITHDRAWA | AL REQUEST | | | | |
| A. WITHDRAWAL TYPE | | | | | | |
| ☐ Dividend Withdrawal | ☐ Entire account | ☐ Specified amour | nt¹ \$ | | | |
| ☐ Rider Withdrawal | Rider Name | ☐ Specified amour | nt ¹ \$ | | | |
| ☐ Internal Paid-Up Insurance Genesis Life only | ☐ Entire account | ☐ Specified amour | nt¹ \$ | | | |
| ☐ IBA/Advance Pay Account | (Note: By withdrawing these funds, you may be required to resume premium payments.) | | | | | |
| | ☐ Entire account | ☐ Specified amour | nt¹ \$ | | | |
| ☐ Partial Withdrawal | (Note: By withdrawing these funds, additional premium payments may be required.) | | | | | |
| Universal Life only | Specified amount ¹ \$ | <u> </u> | | | | |
| ¹ If there is not a sufficient value to | meet the specified amo | ount requested, the | maximum av | ailable amount will be v | withdrawn. | |
| B. HOW TO APPLY THE WI Apply the withdrawal request from S | | UEST | | | | |
| ☐ Issue check to Owner | Proceeds will be mail | ed to the address o | f record. | | | |
| ☐ Apply to pay premium(s) | Policy Number | | | Premium Amount \$ | | |
| | Policy Number | | | | | |
| ☐ Apply to pay policy loan(s) | Policy Number | | | | | |
| | Policy Number | | | | | |

Insured Name (First, MI, Last)

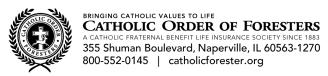
If requested funds are for the Advance Payment of Premium, complete and return form GO-192. Funds will not be accepted unless form GO-192 is received by the Home Office. <u>Unless Section 4 is completed (signatures endorsed on page 3) this form will be rejected.</u>



WITHDRAWAL REQUEST/ DIVIDEND OPTION CHANGE

| Policy Number | insured Name (<i>First, Mi, Last)</i> | Date of Birth (min/dd/yyyy) | | | | |
|---|--|---|--|--|--|--|
| SECTION 3: CHANGE | OF DIVIDEND OPTION | | | | | |
| Make a selection in Column 1 then | answer any questions or make selections in Column 2. Pleas | e note, dividends are <u>not</u> guaranteed. | | | | |
| Column 1 | Column 2 | | | | | |
| ☐ Accumulate at Interest | All values currently in the dividend account will be transferred to Accumulate at Interest, along with future dividends earned. ¹ | | | | | |
| | » By selecting this option, do you want to maintain the dividend account balance at the current dividend option? ☐ Yes ☐ No | | | | | |
| | By selecting Yes, only future dividends will Accumulate at Interest. If you want a check issued for the current dividend account balance, please be sure to complete Section 2: One-time Withdrawal Request, otherwise funds will remain in the dividend account. | | | | | |
| ☐ Paid-Up Additions | All values currently in the dividend account will be transferred to Paid-Up Additions along with future dividends earned. May require Underwriting approval. | | | | | |
| | » By selecting this option, do you want to maintain the dividend account balance at the current dividend option? ☐ Yes ☐ No | | | | | |
| | By selecting Yes, only future dividends will buy Paid-Up Additions Insurance. To receive a check for the current dividend account balance, please be sure to complete Section 2: One-time Withdrawal Request, otherwise funds will remain in the dividend account. | | | | | |
| ☐ Paid in Cash | The Policy Owner receives a check by mail for the earned dividends each year, following the policy's anniversary date.1 | | | | | |
| ☐ Shortened Pay Period | Not available with the Genesis Life product. | | | | | |
| | » Any remaining dividend not used toward paying premium will accumulate at the Current Divid Option, unless otherwise indicated: ☐ Accumulate at Interest¹ ☐ Paid-Up Additions | | | | | |
| ☐ Dividends to Reduce | Not available when using the Preauthorized Automatic Checking (PAC) Plan. | | | | | |
| | Any remaining dividend not used toward paying premium will accumulate at the Current Divi Option, unless otherwise indicated below. | | | | | |
| | ☐ Accumulate at Interest¹ ☐ Internal Paid-Up Inst ☐ Paid-Up Additions | urance (Genesis Life only) | | | | |
| ☐ Internal Paid-Up Insurance | Only offered for the Genesis Life product. | _ | | | | |
| ☐ Apply Future Dividends to Pay Loan ¹ | » Any remaining dividend not used toward the loan will be used to purchase Paid-Up Additional Insurance, unless otherwise indicated below. | | | | | |
| | ☐ Accumulate at Interest¹ ☐ Internal Paid-Up Insu | urance (Genesis Life only) | | | | |
| ☐ Remove from Shortened Pay Period | The policy's premium will be billed at the current billing mode and dividends will accumulate in your policy. | | | | | |
| Remove from Dividends to Reduce | The policy's premium will be billed at the current billing mod | e and dividends will accumulate in your policy. | | | | |

¹Option may result in a taxable event. COF does not provide tax advice and you should contact your tax advisor prior to completing this form for specific questions.



WITHDRAWAL REQUEST/ DIVIDEND OPTION CHANGE

| Policy Number | Insured Name (First, MI, Last) | Date of Birth (mm/dd/yyyy) |
|---------------|--------------------------------|----------------------------|
| | | |

ALL OWNERS, APPLICABLE IRREVOCABLE BENEFICIARY(IES) AND/OR COLLATERAL ASSIGNEE(S) MUST SIGN THIS FORM.

SECTION 4: OWNER SIGNATURE

I certify that the information contained on this form is true and correct, and Catholic Order of Foresters (COF) may rely on it. I understand my selection may be subject to withdrawal charges, taxes and/or penalties. COF has not provided me with any legal or tax advice, and I assume full responsibility for the withdrawal. I will not hold COF liable for any adverse consequences that may result from this transaction.

When signing as Power of Attorney on behalf of the Owner, please include your title and the complete paperwork indicating legal powers to conduct life insurance transactions for the named Owner (if not already on file at the Home Office).

| Owner 1 Signature | Title (If acting as a | Date | | | | | | |
|---|---------------------------------------|---------------------|------|--|--|--|--|--|
| Owner 2 Signature | Title (If acting as a Representative) | | Date | | | | | |
| □ Please have this document notarized or provide a copy of your State ID. | | | | | | | | |
| NOTARY PUBLIC ENDORSEMENT (or witnessed by COF Agent of Record) | | NOTARY PUBLIC STAMP | | | | | | |
| State of County of | ···· | | | | | | | |
| On the day of | , 20, | | | | | | | |
| came before me whose signature(s) appears on this document. | | | | | | | | |
| | | | | | | | | |

Printed Name of Notary Public or COF Agent

Signature of Notary Public or COF Agent

DEFINITIONS

Accumulate at Interest¹

Catholic Order of Foresters retains the policy's earned dividends at an interest rate determined by the High Court. The dividends accumulate as a part of the policy's value. The Owner may withdraw dividends at any time upon signed request.

Dividends to Reduce Premium¹

Not available with Preauthorized Automatic Check (PAC) Plan mode. Applies the current-year dividends earned to the premium amount and bills the Owner for any difference. Dividend values are based on current rates, are not guaranteed and subject to change. If the dividend rate changes, the Owner may have to pay the full premium amount due.

Internal Paid-Up Insurance

Only offered for the Genesis Life product. The policy's annual dividend amount is used to convert ordinary insurance to Paid-Up Insurance. The Owner may withdraw Internal Paid-Up Insurance at any time upon signed request but forfeits additional Paid-Up Insurance once the withdrawal request is made.

Paid in Cash¹

The Policy Owner receives a check by mail for the earned dividends each year, following the policy's anniversary date.

Paid-Up Additions

The policy's annual dividend is used to purchase additional Single Premium Paid-Up Insurance. The Owner may withdraw dividends at any time upon signed request but forfeits additional Paid-Up Insurance once the withdrawal request is made.

Shortened Pay Period¹

Not available with Genesis Life. Each year, prior to the policy's anniversary date, the annual premium is paid using the dividends earned. To use this option, dividends must remain in the account. Dividend values are based on current rates, are not guaranteed and subject to change. If the dividend account drops below the premium due <u>or</u> the dividend rate changes, the Owner may again be responsible for out-of-pocket premium payments.

¹Option may result in a taxable event. COF does not provide tax advice and you should contact your tax advisor prior to completing this form for specific questions.