BRINGING CATHOLIC VALUES TO *LIFE*
Catholic Order of Foresters
A CATHOLIC FRATERNAL BENEFIT LIFE INSURANCE SOCIETY SINCE 1883
355 Shuman Boulevard, Naperville, IL 60563-1270
catholicforester.org | 800-552-0145

WITHDRAWAL REQUEST/ DIVIDEND OPTION CHANGE

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

Use this form for a one-time withdrawal request or to change the dividend option on a life insurance policy. ==**Unless Section 4 is completed (signatures endorsed on page 3) this form will be rejected.**==

SECTION 1: OWNER/TRUST/BUSINESS ENTITY

Owner / Trust or Business Entity Name		Date of Birth *(If Applicable)*
Social Security Number or Tax Identification Number	Date Executed *(If a trust)*	Primary Phone Number

Trustee Names if a trust *(provide a hard copy of all the pages of the trust)* or Business Authorized Officer Name and Title

Email Address

Street Address

City	State	ZIP Code

Use the above address for all future correspondence?   ☐ Yes ☐ No   *(Yes changes the Owner's address of record)*

SECTION 2: ONE-TIME WITHDRAWAL REQUEST

A. WITHDRAWAL TYPE

☐ **Dividend Withdrawal**	☐ Entire account ☐ Specified amount[1] $
☐ **Rider Withdrawal**	Rider Name _____ ☐ Entire account ☐ Specified amount[1] $
☐ **Internal Paid-Up Insurance** *Genesis Life only*	☐ Entire account ☐ Specified amount[1] $
☐ **IBA/Advance Pay Account**	(Note: By withdrawing these funds, you may be required to resume premium payments.) ☐ Entire account ☐ Specified amount[1] $
☐ **Partial Withdrawal** *Universal Life only*	(Note: By withdrawing these funds, additional premium payments may be required.) Specified amount[1] $ _____

[1] *If there is not a sufficient value to meet the specified amount requested, the maximum available amount will be withdrawn.*

B. HOW TO APPLY THE WITHDRAWAL REQUEST

Apply the withdrawal request from Section 2A as follows:

☐ **Issue check to Owner**	Proceeds will be mailed to the address of record.	
☐ **Apply to pay premium(s)**	Policy Number _____ Policy Number _____	Premium Amount $ _____ Premium Amount $ _____
☐ **Apply to pay policy loan(s)**	Policy Number _____ Policy Number _____	Premium Amount $ _____ Premium Amount $ _____

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. Unless Section 4 is completed (signatures endorsed on page 3) this form will be rejected.

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SECTION 3: CHANGE OF DIVIDEND OPTION

Make a selection in Column 1 then answer any questions or make selections in Column 2. ***Please note, dividends are not 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 Dividend Option, unless otherwise indicated:** ☐ **Accumulate at Interest**[1] ☐ **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 Dividend Option, unless otherwise indicated below.** ☐ **Accumulate at Interest**[1] ☐ **Internal Paid-Up Insurance** *(Genesis Life only)* ☐ **Paid-Up Additions**
☐ **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 Interest**[1] ☐ **Internal Paid-Up Insurance** *(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 mode and dividends will accumulate in your policy.

[1]*Option 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 Representative or Authorized Officer)	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)

State of _____ County of _____

On the _____ day of _____, 20_____,

came before me _____
whose signature(s) appears on this document.

NOTARY PUBLIC STAMP

Printed Name of Notary Public or COF Agent

Signature of Notary Public or COF Agent

DEFINITIONS

Accumulate at Interest[1]
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 Premium[1]
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 Cash[1]
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 Period[1]
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.

[1]Option 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.