



## Important: Please Read For Universal Life, Whole Life and Annuity Policies

### Tax Form Required

The Foreign Account Tax Compliance Act (FATCA) was enacted by Congress to target non-compliance by U.S. taxpayers using foreign accounts. Grange Life must verify the identity of the person receiving specific disbursements from universal, life, whole life and annuity policies by requesting a W-8 or W-9 form.

Requests for the following transactions will require a W-8 or W-9 form:

- Partial Policy Withdrawals
- Policy Surrenders
- Death Claim Proceeds

### What is a W-9 Form?

A W-9 form is an Internal Revenue Service form that is used by United States citizens to provide their social security number to persons or companies who are disbursing money to them. Grange Life requires a W-9 in order to verify the identity of individuals to whom it is making specific disbursements.

### What is a W-8 Form?

A W-8 form is an Internal Revenue Service form that is used by non U.S. Citizens (individuals and entities) to establish their tax status in the United States. This form is to be used only if the requestor is not a citizen of the United States. There are four different types of W-8 forms, but the one used most commonly is the W-8BEN.

### Where to Obtain a W-8/W-9 Form

Printable copies of the forms can be found at the IRS sites listed below:

W-8\*: <http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>

W-9: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

*\*this is for the most commonly used version called the W-8BEN*

**Note: Grange Life Insurance Company is not a provider of the W-8 or W-9 forms.**

### What happens if a W-8/W-9 is not provided?

If a W-8 or W-9 is not provided, or if a submitted form is deemed to be inaccurate or incomplete, the FATCA regulations may require Grange Life Insurance Company to withhold 30% of the proceeds for federal tax purposes.

# Life Policy Financial Service Request

Please type or print using dark ink.



Grange Life Insurance Company  
 671 South High Street, PO Box 1218  
 Columbus, OH 43216-1218  
 LifePHS@grangeinsurance.com  
 Fax: 888.637.2864

**NOTE:** Changes to No-Lapse Guarantee UL policies are not available until the policy passes its first anniversary.

- Instructions:**
- Check the box next to your request(s)
  - Provide the requested information
  - Complete Section 10 (Current Address) and 11 (Authorization)

**Want faster service? Use the “My Grange Account” feature at [www.grangeinsurance.com](http://www.grangeinsurance.com) to view policy information and make many common policy changes.**

<b>Policy Number</b>	<b>Insured</b>	<b>Owner</b> (if other than insured)
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**1.  Mode of Payment Change**

All Policies

**Change Mode or Frequency To:**

- Monthly Easy Pay\*    Quarterly    Annual    Semi-annual

\*If changing to Monthly Easy Pay, please provide your bank account information in Section 2 below.

**IMPORTANT: A change in mode may result in an increase in premium. Depending on the product and the paid to date, the amount needed may change.**

**IMPORTANT: If the policy is a No-Lapse Guarantee UL, please complete the Premium Payment Changes section below.**

**2.  Banking Information (for updates to existing bank information or to enroll in Monthly Easy Pay)**

**This section is to be completed if you are enrolling in Monthly Easy Pay or are currently paying premiums by Monthly Easy Pay and need to update your bank account information:**

Bank Name: \_\_\_\_\_

Routing Number:

Account Number:

- Account Type:    Checking  
                            Savings

**3.  Premium Payment Changes (Universal Life Policies Only)**

Universal Life Policies

Change from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

**IMPORTANT: Changing the scheduled premium payment on a No-Lapse Guarantee UL policy may adversely impact the policy’s guarantee. Please contact your agent to discuss the impact before requesting a change.**

**4.  Request Partial Withdrawal (Universal Life Policies Only)**

- In the amount of \$ \_\_\_\_\_  
 (Maximum available amount if left blank)

**Complete the section below if you want to use a partial withdrawal to pay off a policy loan, make a premium payment, etc:**

- \$ \_\_\_\_\_ amount to be used to \_\_\_\_\_.

**IMPORTANT: The impact of taking a loan or withdrawal from any policy should be discussed with your agent. Be advised that a loan or withdrawal from a No- Lapse Guarantee UL policy will adversely impact the policy’s guarantee.**

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## 5. **Change Death Benefit Option** (Universal Life Only – Not available for No-Lapse Guarantee UL)

Universal Life Policies

Change from Option B (Increasing) to Option A (Level)

**IMPORTANT: Changing from Option A (Level) to Option B (Increasing) requires evidence of insurability. Please complete the Adjustment Application L-3-21.**

**Changing the death benefit option will directly impact the premium and death benefit. See your policy for specific details.**

## 6. **Request Loan** (Whole Life & Universal Life Policies Only)

Whole & Universal Life Policies

I request the maximum loan available from the policy's cash value.

I request a loan in the amount of \$\_\_\_\_\_ or maximum amount, if less, from the policy's cash value.

**IMPORTANT: If you take a loan and don't pay the required interest, the policy could lapse. The impact of taking a loan or withdrawal from any policy should be discussed with your agent. Be advised that a loan or withdrawal from a No Lapse Guarantee UL policy will adversely impact the policy's guarantee. A loan can directly impact the death benefit. See your policy for specific details.**

## 7. **Change Dividend Option** (Whole Life Only)

Whole Life Policies

The undersigned hereby authorizes a change of Dividend Election to the following:

Purchase Additional Insurance

Apply to Premium

Cash (check sent to the policy owner)

Proceeds left at interest

## 8. **Change Nonforfeiture Option** (Whole Life Only)

Endorse as:

Automatic Premium Loan

Extended Term

Reduced Paid-up

**IMPORTANT: Your nonforfeiture option, if available, is invoked automatically if your policy lapses.**

## 9. Election of Tax Withholding

Taxpayer I.D. # \_\_\_\_\_

### Federal Tax Withholding Options (check one):

I wish to have federal income tax withheld from my proceeds:

\$\_\_\_\_\_ (specify amount) or \_\_\_\_\_% of the proceeds

I do not wish to have federal income tax withheld from my proceeds.

**IMPORTANT: If no tax withholding election is made, the standard rate of 10% will be withheld.**

### State Tax Withholding:

*Some states require that state income tax be withheld if federal taxes are withheld. If you live in a state that requires tax withholding, Grange Life will automatically withhold the required amount.*

**Grange Life Insurance Company does not provide tax, accounting or legal advice. You should seek advice, based upon your particular circumstances, from an independent tax advisor.**

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## 10. Current Address (Required - used to maintain accurate records)

First Name	Middle Name	Last Name
Street Address		
City	State	Zip Code
County		

## 11. Authorization (Required for all requests)

The owner must complete the section below to authorize this request. DO NOT send the policy unless specified. I/we agree that any change requested above shall be effective when this form is returned to the Company and is determined to be in good order.

**IMPORTANT: No Partial Withdrawals or Loans will be processed for 10 days following an address change to reduce the risk of fraud.**

_____	____ / ____ / ____
Signed at (Location)	Date
_____	____ - ____ - ____
Signature of Owner	Phone Number of Owner
_____	
Signature of Assignee (if any)	

### Home Office Use Only – Acknowledgment of Request for Service – Attach to Policy

Grange Life Insurance Company has approved, made and recorded the changes and complied with the requests indicated above.

Dated at Columbus, Ohio \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by \_\_\_\_\_.