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:

*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.

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 to view policy information and make many common policy changes.

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>Insured</th>
<th>Owner (if other than insured)</th>
</tr>
</thead>
</table>

1. ☐ Mode of Payment Change

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)

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.
Policy Number | Insured | Owner (if other than insured)
---|---|---

5. **□ Change Death Benefit Option** (Universal Life Only – Not available for No-Lapse Guarantee UL)
- 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)
- 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)
- The undersigned hereby authorizes a change of Dividend Election to the following:
  - Purchase Additional Insurance
  - Cash (check sent to the policy owner)
- **Apply to Premium**
- **Proceeds left at interest**

8. **□ Change Nonforfeiture Option** (Whole Life Only)
- **Endorse as:**
  - Automatic Premium Loan
  - Reduced Paid-up
  - Extended Term
- **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.
10. Current Address (Required - used to maintain accurate records)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
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<table>
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<th>Street Address</th>
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<table>
<thead>
<tr>
<th>City</th>
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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)