

LIFE INSURANCE SERVICE REQUEST FORM INSTRUCTIONS — ACTIVE EMPLOYEE



Administered by:
Monumental Life Insurance Company, 800-618-1698
On behalf of your Plan Administrator

Subject to the terms and conditions of the Plan and policy. Please complete all information requested.

Important Information	This form is to be used by Monumental Life to make changes to your Life Insurance policy. Upon completion, please forward to Monumental Life 4333 Edgewood Road NE, Cedar Rapids, IA 52499 . Once the changes to your policy are recorded, Monumental will notify your Plan Administrator of the change in deferral flow.
Good Order	Good Order is receipt at Monumental Life's Home Office of this form and any other required information or forms that have been accurately and entirely completed, and includes your signature. Information not received in Good Order, as determined by Monumental Life, may be returned to you for correction and processed upon re-submission in Good Order to Monumental Life's Home Office.
Plan Information	Please verify that this information is correct and complete.
Participant Information	Please complete the information requested in its entirety.
Employment Status	The policy options below are available for employees who are actively employed. If your employment status has changed since the time you requested this Form, please contact Monumental Life Insurance Company's Customer Service Representatives at 800-618-1698 to obtain a new Service Request Form. Customer Service Representatives are available from Monday through Friday, 8:30 a.m. — 4:30 p.m., EST
Policy Options	Active Employee <ul style="list-style-type: none"> • <u>Option 1 – Discontinue Deferrals to Life Insurance Policy – Allow Cash Surrender Value to Keep Policy In-Force Until Value is Exhausted</u> — You may discontinue deferrals to your life insurance policy. Your policy will remain in force according to the terms of your Plan by deducting the monthly charges from the Cash Surrender Value until the Cash Surrender Value is fully depleted. At that time, you will be required to make a new election if you wish to keep your life insurance policy in force. • <u>Option 2 – Cancel Life Insurance Policy-Transfer Cash Surrender Value to other Investment Options</u> — You may cancel your life insurance protection and transfer any applicable Cash Surrender Value to your other investment options under the Plan. The transfer of any applicable Cash Surrender Value will be invested in your other investment options according to your current investment allocation.
Life Insurance Premiums	Any applicable life insurance premiums currently being deferred will be invested in your other investment options according to your current investment allocation.
Authorized Signatures and Certification	This section must be signed by you, the Participant. By signing this form, you certify that you have read and understand the proposed changes and the information regarding this request is correct and complete.

*Third Party Administration provided by your Plan Administrator
Insurance Products provided by Monumental Life Insurance Company*

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ACTIVE EMPLOYEE



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Plan Information	Plan Name	Plan No.		
Participant Information Please print If you have a P.O. Box, U.S. Tax laws also requires a street address to be indicated.	Participant Name (Last, First, Middle Initial)		Social Security No.	
	MANDATORY — Participant Resident Address (No. & Street)		PO Box (optional)	
	City/Town		State	Zip Code
	Work Telephone No.	Extension	Home Telephone No.	
	Work Location (State, City/Town, or Authority)		Payroll Location	Life Insurance Policy No.
Policy Options Please refer to the explanation of options in the instructions	Active Employee <input type="checkbox"/> Option 1 — Discontinue my deferrals to my life insurance policy and allow the Cash Surrender Value to keep my life insurance policy in force until the Value is fully depleted. <input type="checkbox"/> Option 2 — Cancel my life insurance policy and transfer any applicable Cash Surrender Value to my other investment options under the Plan. I understand any transferred Value will be invested in my other investment options according to my current investment allocation.			
Authorized Signatures and Certification	I have read and understand the proposed change(s). I understand the effective date of such change(s) is/are contingent upon Monumental Life's approval.			
	Participant's Signature		Date (mm/dd/yyyy)	

Third Party Administration provided by your Plan Administrator
Insurance Products provided by Monumental Life Insurance Company

For Internal Use Only — Must be completed by MO Deferred Comp or cannot be processed by Transamerica/Monumental

Under plan regulations, a disbursement cannot be made to the policy holder unless the MO Deferred Comp Plan has confirmed that the participant has separated from service.

Verified Premium Payments Stopped: ___ / ___ / _____

Completed by _____
 Authorized MO Deferred Comp Plan Signature

Date Signed: ___ / ___ / _____

Printed Name _____

MO Deferred Comp Plan to fax form to Transamerica at: 866-622-5051 to the Attention of Customer Service.