

Disbursement Request

1180 1170 1174

Ameritas Life Insurance Corp. ("Company") P.O. Box 81889, Lincoln, NE 68501 / 800-745-1112, Fax 402-467-7335

Policy Number: _____

Name of Insured: _____

Instructions: The owner of the policy must effect any change on the policy. **The form must be signed and dated** by the current owner; assignee if assigned and if business owned, by an officer, partner, or trustee of the company other than the named insured.

1. Loan Agreement

1170

In consideration of the advance by the Company as a loan, all right, title, and interest in the policy is hereby assigned to the Company as sole security for the repayment of the loan with interest, subject to the provisions of the policy which are incorporated and made a part thereof. Please note that interest accrues daily, and is due on each annual policy date or on the date the loan is repaid. Interest not paid when due will be added to the loan balance. **Please consider that outstanding loan balances reduce the death benefit amount and/or affect the performance of your policy.**

Loan amount

- ☐ Maximum amount available.
- ☐ \$ _____
or full amount available,
if less.

Loan values to be disbursed as follows:

- ☒ Pay to Policyowner
- ☐ Pay premium(s) on policy: _____
Due: _____
Month Day Year
- ☐ Apply as follows: _____

Loan type (choose one)

- ☒ Fixed Loan
- ☐ Variable Loan

I have received and read
the Policy Loan Interest
Rate Disclosure on page 3
of this form.

2. Partial Withdrawal

1174

A withdrawal fee or surrender charge adjustment may be applicable.

Please consider that partial withdrawals reduce the value of your policy and may reduce the death benefit amount.

- ☐ Maximum amount available.
- ☐ \$ _____ or full amount available, if less.

Withdrawal values to be disbursed as follows:

- ☐ Pay to Policyowner
- ☐ Apply to outstanding loan balance
- ☐ Apply as follows: _____

Allocation of Withdrawal (*if applicable*) – A partial cash withdrawal will be taken on a pro rata basis UNLESS you specify the sub-account(s) below:

_____ \$ _____
_____ \$ _____

3. Whole Life Dividend Distribution/Surrender of Paid Up Additions

1180

- ☐ Full value of Paid up Additions
- ☐ Partial value of Paid up Additions \$ _____
- ☐ Full value of Dividend Accumulations
- ☐ Partial value of Dividends \$ _____

Values to be disbursed as follows:

- ☐ Pay to Policyowner
- ☐ Pay premium(s)
- ☐ Apply to outstanding loan balance
- ☐ Apply as follows: _____

4. Specific Instructions

Please send to EFT account on file. Thank You

With any changes or discrepancies contact. Jonah@themoneymultiplier.com

Tax Withholding

Federal tax law states that the taxable portion of withdrawals is subject to a 10% income tax withholding, although you may elect to have it withheld at a different percentage rate or elect no withholding. If federal income taxes are withheld from your payment, some states require a state income tax withholding which will also be deducted from your payment.

You must indicate if federal income tax should not be withheld from your payment by checking the election below. Withholding will only apply to the portion of your payment that is taxable. **If no box is marked, federal income tax will be withheld at the standard rate of 10%.**

Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your disbursement. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax withholding. If any are not adequate.

☒ DO NOT withhold federal income taxes from the taxable portion of the payment

☐ I would like this additional percentage withheld in addition to the standard 10% withholding: _____%.

Disbursement Authorization and Declarations

NOTICE: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an Insurer, submits an application or files a claim or other document containing a false or deceptive statement is guilty of insurance fraud.

The undersigned hereby declares that:

- (1) I own the above policy and request the actions indicated, and
- (2) No bankruptcy proceedings are now pending against the owner.

Community Property States: The following are community property states and we request a spouse's signature (on Other Required Signature line) to process your chosen service request: California, Washington, Arizona, Nevada, New Mexico, Idaho, Wisconsin, Texas and Louisiana.

A completed IRS form W-9 may be required to complete this transaction.

Date: _____
Month Day Year

X

Signature of Owner

Print or Type Name of Owner

X

Signature of Joint Owner

Print or Type Name of Joint Owner

X

Other Required Signature

Print or Type Other Required Name

X

Signature of Assignee

Print or Type Name of Assignee

If Business Owned: Please check appropriate box: ☐ Individual/Sole Proprietor ☐ Corporation ☐ Partnership ☐ Trustee

Business Name: _____

X

Signature of Officer/Partner/Trustee

Print or Type Officer/Partner/Trustee

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Policy Number(s): _____

To help you receive your funds as quickly as possible, we can transfer funds directly into your bank account. Simply select the desired method of transfer and provide the needed information to start enjoying the convenience of direct deposit.

☒ **One Time EFT Deposit: No administrative charge.** Partial withdrawal funds transferred in 2-3 business days.
Full surrender funds transferred in 5-7 business days. (Time period quotes are based on the date the request is processed.)

☐ **Wire Transfer: Administrative charge is \$14.** Partial Withdrawals or Loans transferred in 1-2 business days.
Full Surrenders transferred in 5-7 business days. (Time period quotes are based on the date the request is processed.)

☐ **Systematic Withdrawals with EFT Deposit (Annuities Only) – Please Note:**

I hereby authorize the Company, as a convenience to me, to initiate deposit of my systematic withdrawal amount from my policy to my checking/savings account indicated below. I agree that all amounts as drawn shall be in full payment and satisfaction and discharge of any amount so due me. Any amounts so drawn are to be deposited directly to said Financial Institution. If such payment shall have been made, the due date of which is subsequent to my death, I hereby authorize and direct said Financial Institution, upon receipt of notice of my death, to refund the amount of such payment to the Company and charge the same to my account, and on behalf of my Executor, Administrator, Personal Representative, heirs or Assigns, I hereby agree to hold said Financial Institution harmless from any suit, action, or proceeds, and from any penalty related thereto, by any parties whatsoever attempting to delay or prevent said Financial institution refund of such payments.

This authority is to remain in full force and effect until the Company has received a written termination notification from me. Said written termination notification must set out an effective termination date and must be received by the Company 30 days prior to the set termination date. In no event shall the termination be effective with respect to entries processed by the Company prior to the termination date set out in said notification.

I further authorize the Company to initiate such debit entries to said account as may be necessary to correct any erroneous credit entries previously initiated thereto. I authorize the forenamed Financial Institution to accept and to credit or debit the amount of such entries to my account. In the event of an erroneous entry, I shall within 15 calendar days following the date on which the Financial Institution sends to me a statement of account or a written notice pertaining to such entry, send to the Financial Institution a written notice identifying such entry, stating that such entry was in error and requesting the Financial Institution to reverse the amount thereof to such account.

The undersigned hereby agrees that all entries initiated hereunder are to be governed in all respects by the Operating Rules of the national Automated Clearing House Association as amended by the Rules of the Mid-America Payment Exchange, as now or hereafter in effect, and agrees to be bound thereby.

I understand that the Company is providing the Pre-Arranged Deposit Agreement without charge and that the Company will not be liable for any claims or damages arising, directly or indirectly, from this deposit arrangement.

Please provide a copy of a VOIDED check or letter from your financial institution on their Company Letterhead which includes the Account Owner's name, routing and account number for verification if you wish the funds to be sent to your account. (Do not submit Starter Checks or Deposit Slips.)

Bank Name & Branch: _____ Bank Phone #: _____

Bank ABA (Routing) #: _____ Bank Account #: _____
9-digit number in lower left corner of check

Account Owner Name: _____ Account Type: ☐ Checking ☐ Savings

Account Owner Address: _____

Note: Please verify the above information with your bank as wiring instructions may differ from the information on your voided check.

Policyowner's Phone Number: _____

Policyowner(s) Signature: _____ Date: _____

Policyowner(s) Signature: _____ Date: _____