



**COTTON STATES LIFE INSURANCE COMPANY**  
 244 Perimeter Center Parkway N.E. Atlanta, Georgia 30346  
 Mailing Address: P.O. Box 105303 Atlanta, Georgia 30348  
 Phone: 404-391-8966  
 Toll Free: 1-800-457-1657

**FINANCIAL TRANSACTION REQUEST**

Agent # \_\_\_\_\_

**INSURED** \_\_\_\_\_ **POLICY #** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

1.  **CASH SURRENDER (Return original policy or complete Section 2 - Certificate of Lost Policy)**  
 The undersigned, as owner of this policy, elects to surrender the policy for its net cash value and directs the company to make payment to:  
 (COMPLETE IF OTHER THAN INSURED)

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The Undersigned hereby releases and forever discharges the COTTON STATES LIFE INSURANCE COMPANY FROM ANY AND ALL LIABILITY UNDER THE ABOVE CONTRACT. Said cash value is accepted in full settlement and complete satisfaction of all rights, claims, and demands under said contract. (For annuities complete Federal Withholding, Section 6)

2.  **CERTIFICATE OF LOST POLICY**  
 I/We certify that the above numbered policy has been lost or destroyed and, to the best of My/Our knowledge and belief, is not in anyone's possession.  
 Check if Duplicate Policy is needed

3.  **POLICY LOAN (See reverse side for "Policy Loan Terms and Conditions")**  
 A. Maximum Loan  
 B. Issue a check for \$ \_\_\_\_\_  
 C. Automatic Premium Loan

The Company is hereby directed and authorized to make the loan check, if any, payable to:  
 (COMPLETE IF OTHER THAN INSURED)

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I wish to repay this policy loan in regular installments of \$ \_\_\_\_\_  
 The method of payment will be the same as my current mode of payment. Payments to begin on \_\_\_\_\_

4.  **WITHDRAWAL OR PARTIAL SURRENDER**  
 A. Amount Requested: \$ \_\_\_\_\_  
 B. Amount Requested: \$ \_\_\_\_\_ for Loan Repayment on Policy Number \_\_\_\_\_

5.  **NONFORFEITURE OPTION**  
 Discontinue premium payment and, as of premium paid-to-date, use the net cash value of the policy to continue benefits under:  
 A. Extended Term Insurance Provision (If Available)  
 B. Reduced Paid-Up Insurance Provision

6.  **FEDERAL INCOME TAX WITHHOLDING ELECTION (This Section must be completed for all Annuity Transactions)**  
 The Company is directed:  
 A. Not to Withhold  
 B. To Withhold Federal Income Tax from my distribution(s) - Owner's S.S.# / Tax I.D. # \_\_\_\_\_

**RELEASE OF POLICY ASSIGNMENT**

The undersigned Assignee, under a collateral Assignment on the above policy, consents to the policy change(s) above and releases the assignment on the existing policy.

Assignee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Check to be mailed to: (Check One)  Agent  Owner

Witness \_\_\_\_\_ Date \_\_\_\_\_ Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_ Signature of Assignee or Irrevocable Beneficiary \_\_\_\_\_ Date \_\_\_\_\_

## **POLICY LOAN TERMS and CONDITIONS**

In consideration of this loan and the mutual promises of the parties, the Owner agrees as follows:

The Owner will pay to the Company interest according to the terms specified in the Policy.

The Owner may repay the indebtedness, in whole or part, at any time before the maturity of the Policy as a death claim or an endowment, or the surrender of the Policy for its cash surrender value or the continuation of the Policy under its nonforfeiture provisions. The Company agrees to refund the amount of unearned interest from the date such payment is accepted.

Any outstanding indebtedness will be deducted from any sum to be paid or allowed under the Policy.

The Policy and any and all proceeds therefrom are pledged to the Company as sole security for this loan.

This policy loan agreement will be considered canceled without further notice if the Policy is lapsed for nonpayment of premium or interest.

This policy loan agreement is made pursuant to and shall be governed by the laws of the State of Georgia.