



**MUTUAL TRUST**<sup>SM</sup>  
LIFE INSURANCE COMPANY

A Pan-American Life Insurance Group Stock Company

1200 JORIE BOULEVARD  
OAK BROOK, ILLINOIS 60523-2269  
1-800-323-7320  
WWW.MUTUALTRUST.COM

## POLICY SERVICE FORM

**Policy Number:** \_\_\_\_\_ **Insured:** \_\_\_\_\_

1. CHANGE OF ADDRESS (Complete only if this is a change)

New Address (please print)

Please list all policy numbers affected by this change of address:

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City and State

\_\_\_\_\_  
County and Zip Code

2. DIVIDENDS

A. Pay \$ \_\_\_\_\_ of dividend credits in cash.

B. Apply \$ \_\_\_\_\_ toward payment due \_\_\_\_\_ on policy number \_\_\_\_\_

C. Other \_\_\_\_\_

3. CHANGE MODE TO:

Annual

Semi-Annual

Quarterly

4. CHANGE DIVIDEND OPTION TO:

Cash

Reduce Premium

Accumulate at Interest

Paid-Up Additions

Reduce Loan

APPLY ANY BALANCE TO:

Cash

Accumulate at Interest

Paid-Up Additions

Maximum Accumulation Dividend (**only available on a policy which has an Annual Paid Up Additional Insurance Rider**)

This option buys Paid-Up Additional insurance unless the Policy will become a Modified Endowment Contract (MEC) in the next year. When this occurs the option purchases a combination of One Year Term Insurance and Paid-Up Insurance to increase the policy death benefit and keep the policy from becoming a MEC. However, if dividends are surrendered or if changes are made to this policy, this policy may still become a MEC.

**NOTE: Before election of "Accumulate at Interest" can be effective, Owner Tax Identification is required.**

### Owner's Tax Identification Number Certification

**Tax identification No.** \_\_\_\_\_

Individual Social Security No.

Corporation

Partnership

Trustee

Under penalties of perjury, I certify that:

**1. The number shown on this form is my correct Tax Identification number; and**

**2. I am not subject to backup withholding because; (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.**

You must cross out item 2 above if you have been notified by the Internal Revenue Service that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return. The Internal Revenue Service does not require you consent to any provision of this document other than the certification required to avoid backup withholding.

**SEE REVERSE SIDE FOR SIGNATURE REQUIREMENTS**

**IF ANYTHING IS CHECKED ABOVE, THIS SIDE MUST BE SIGNED**

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Policyowner's Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policyowner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policyowner's Signature

**All checks will be mailed to the policyowner's address on record, unless otherwise requested.**

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**Policy Number:** \_\_\_\_\_ **Insured:** \_\_\_\_\_

5. Enter this policy on its records as being fully paid, in accordance with the provision of this policy. It is understood that any existing loan will remain outstanding.

6. CHANGE THE NON-FORFEITURE OPTION TO:  
 A. Non-participating Extended Term Insurance, revoking any existing Automatic Premium Loan Privilege.  
 B. Participating Paid-Up Insurance, revoking any existing Automatic Premium Loan Privilege.

7. Enter this policy on its records as Reduced Paid-Up Insurance, revoking any existing Automatic Premium Loan Privilege.  
 A. Dividends are **to be used** in the calculation.  
 B. Dividends are **not to be used** in the calculation.  
 C. Any existing loan is to remain outstanding.

8. Enter this policy on its records as Extended Term Insurance, revoking any existing Automatic Premium Loan Privilege.  
 A. Dividends are **to be used** in the calculation.  
 B. Dividends are **not to be used** in the calculation.

The undersigned requests that the indicated action be taken without the production of the policy for endorsement and expressly agrees to waive any policy provision requiring endorsement of the policy in order to process this request.

## IF ANYTHING IS CHECKED ABOVE, THIS SIDE MUST BE SIGNED

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Policyowner's Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policyowner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policyowner's Signature

### WHO MUST SIGN

1. The owner
2. The beneficiary if designated irrevocably.
3. If the signature of a corporation is required, the name of the corporation should be filled in followed by the signature of two of its officers with their titles

**Please note that this form may no longer be used to request a policy loan. All policy loans must be requested on FORM No. 6106 - POLICY LOAN REQUEST AND AGREEMENT**