



Owner Transaction Request Instruction Form  
Group Universal Life  
Administered by Mercer Health & Benefits Administration LLC

Mercer Health & Benefits Administration LLC  
PO Box 9122  
Des Moines, IA 50306-9122  
Fax Number: 515-365-1520

**Instructions:** This form must be completed to request a withdrawal, surrender (cancel), or loan from your certificate.

Please follow these steps:

- ☐ Read each section before completing this form.
- ☐ **Complete sections 1 through 5.** Please print using blue or black ink.
- ☐ **Section 4 and 5 must be completed** or we may be required to withhold taxes.
- ☐ **Sign and date** your request in **section 6** or the form will be returned.
- ☐ If your certificate is currently assigned, the assignee or trustee must complete all sections of this form.
- ☐ Return the completed form to Mercer at the address above or you may fax it to **515-365-1520**.

**Important Tax Information:** This information will help you complete sections 4 and 5, which are required by the Internal Revenue Service. Please read it carefully. Mercer and its representatives cannot give tax or legal advice. Mercer generally must report to its certificate owners all payments of taxable income on Internal Revenue Form 1099. These payments include certificate disbursements to the extent a taxable gain is distributed. If the certificate is classified as a modified endowment contract (MEC), it is taxed on an income-first basis, meaning that all gain in the certificate is distributed first, followed by recovered basis. For additional information, you can reference the Internal Revenue Service website at [www.irs.gov](http://www.irs.gov).

**Tax Withholding Election:** Federal and State tax laws require us to withhold income taxes from certain cash payments. If you sign and date this form, but do not make an election in section 4 or 5, Mercer will be required to withhold federal income taxes of 10% of the taxable amount of the distribution. You must check the appropriate box in section 4 if you do not want to have federal income taxes withheld. You are responsible for paying income tax on the taxable portion of your payment even if we do not withhold taxes. You must check the appropriate box in section 5 to certify your Taxpayer Identification Number (TIN). You will be liable for any federal income taxes. If you request a check to be mailed to an address outside of the U.S. or its territories, you cannot opt out of withholding unless you provide evidence of your citizenship as described below and elect treaty benefits, as applicable. **Note:** Your transaction may also be subject to State withholding taxes in certain states. If your resident state requires mandatory withholding, we will withhold the default amount your State requires even if you elect no withholding.

**Estimated tax and possible penalties:** If you elect to have no income tax withheld from your withdrawal or if you do not have enough income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties if your withholding and estimated tax payments are not sufficient. You may be subject to penalties if you fail to provide your correct Taxpayer Identification Number, fail to report taxable interest or dividends on your tax return, or give false tax information. You may be subject to a 10% federal income tax penalty if you are under the age of 59 ½ and you take a taxable distribution from a MEC.

**Tax Certification:**

**Citizenship:** You must indicate if you are not a U.S. citizen or resident alien. In that case, you must state the country of which you are a citizen and submit an applicable IRS Form W-8 (BEN, BEN-E, ECI, EXP, IMY). In most instances, Form W-8BEN will be the appropriate form.

**Backup withholding:** You must tell us if the IRS has notified you that you are subject to backup withholding because you did not report all your taxable interest and dividends on your tax return. **You are not subject to backup withholding if either (a) you did not receive such a notice from the IRS, (b) the IRS recently told you that you are no longer subject to a backup withholding order, or (c) you are exempt from such withholding.**

**Taxpayer Identification Number and date of birth:** You must include your Tax Identification Number (TIN) and date of birth. In general, the TIN for the certificate is:

- Your Social Security Number if you are an individual or the owner of a sole proprietorship;
- The Employee Identification Number (EIN) if you represent a trust, estate, corporation, partnership or tax-exempt organization;
- The TIN of the grantor/trustee, or that the actual owner of a trust-like entity not recognized as a legal or valid trust under state law.

**FATCA Reporting:** You must tell us if you are subject to FATCA reporting.



# Owner Transaction Request Instruction Form Group Universal Life

Please print using blue or black ink

Mercer Health & Benefits Administration LLC  
Des Moines, IA 50306-9122  
Fax Number: 515-365-1520

1  Owner's Information	Owner's Last Name      Owner's First Name      Owner's Middle Initial			Owner's SSN/TIN
	Owner's Mailing Address			Owner's Phone Number
	City	State	ZIP Code	Employer Name
	Is ownership of insurance currently assigned? <input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes, the assignee must complete section 2 of this form and sign as owner. Note this form cannot be used to assign ownership. Contact Mercer for an Assignment form if needed.)			
2  Assignee's Information  (if applicable)	Last Name      First Name		Middle Initial	SSN/TIN
	Name of Estate or Trust			
	Mailing Address			
	City	State	ZIP Code	Phone Number
3  Transaction Request	<b>Complete section A, B or C, as applicable</b> <i>You will need the certificate number (found on your bill, annual statement, or certificate to identify which policy you are making the request for.)</i>  Employee Certificate _____ and/or Spouse Certificate _____  <b>(If choosing option B do NOT fill out section A)</b>  <b>A. Withdraw from cash value</b> (select all applicable boxes) <input type="checkbox"/> Employee: Amount of withdrawal \$ _____ or <input type="checkbox"/> Maximum Available. <input type="checkbox"/> Spouse: Amount of withdrawal \$ _____ or <input type="checkbox"/> Maximum Available.  <b>B. Cancel/Surrender of coverage</b> (select all applicable boxes) <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child Rider – Date last child ineligible per certificate of insurance _____  The above coverage is hereby surrendered for payment of its cash value, in surrendering this certificate, it is understood that all rights, privileges and benefits under said certificate, except the right to receive the amount of cash surrender value, are hereby cancelled. A surrender fee may be applicable. Please refer to the "SURRENDER" provision in your GUL certificate of insurance.  <b>C. Loan Request from cash value account</b> (select all applicable boxes) <input type="checkbox"/> Employee: Amount of loan \$ _____ or <input type="checkbox"/> Maximum Available. <input type="checkbox"/> Spouse: Amount of loan \$ _____ or <input type="checkbox"/> Maximum Available.  Important information regarding certificate loan provisions: <ul style="list-style-type: none"><li>• <b>Prior to requesting a loan, please consult your tax advisor to review the benefits, if any, of a loan over a withdrawal.</b></li><li>• <i>Minimum loan amount and frequency may apply, please refer to the "LOAN" provisions in your GUL certificate of insurance.</i></li><li>• <i>If you choose not to make annual interest due payments, the loan principal will be increased by the unpaid interest, and additional cash value will be designated as collateral for the increase. This process is called loan capitalization. Continued capitalization of your certificate could result in insufficient cash value to cover the cost of insurance.</i></li><li>• <i>Any disbursement in excess of cost basis (total premiums paid less any previous tax-free withdrawals) may be subject to taxation.</i></li></ul>			<input type="checkbox"/> Please overnight the check to me. I understand the fee will be deducted from my cash value account. PO Box cannot be used for overnight mail.

<p style="text-align: center; font-size: 24pt; font-weight: bold;">4</p> <p style="text-align: center;">Income Tax Withholding Election</p>	<p style="text-align: center;"><b>Notice and Election of Income Tax Withholding on Distributions</b></p> <p>Complete this section. If not completed, taxes will not be withheld unless required by law. The distribution may be subject to federal withholding unless you elect to waive withholding.</p> <p>Federal withholding (Please select only one box):</p> <p><input type="checkbox"/> I do not elect to have federal income tax withheld from the taxable portion of my distribution.</p> <p><input type="checkbox"/> I elect to have federal income tax withheld from my distribution. The withholding amount will be 10% of the amount subject to federal income tax.</p> <p><input type="checkbox"/> I elect to withhold a higher percentage, please indicate below: Please withhold _____% of the amount subject to federal income tax.</p> <p>If applicable, you may be subject to state tax withholding.</p>
<p style="text-align: center; font-size: 24pt; font-weight: bold;">5</p> <p style="text-align: center;">Tax Identification Number Certification</p> <p style="text-align: center;"><b>(This section is required to disburse funds)</b></p>	<p style="text-align: center;"><b>Taxpayer Identification Number (TIN) Certification</b></p> <p>_____</p> <p>First Name of Employee or Assignee                      MI                      Last Name</p> <p>Check One:</p> <p><input type="checkbox"/> I am a U.S. person (including a resident alien)</p> <p><input type="checkbox"/> I am a non-US person. I am a citizen of _____</p> <p style="padding-left: 40px;">Attach completed applicable Form W-8 (BEN, BEN-E, EXP, ECI, IMY)</p> <p>Under penalties of perjury, I certify that: My Taxpayer Identification Number is _____ (For individuals, the Taxpayer Identification Number is generally the Social Security Number.)</p> <p>Under penalties of perjury, I certify that that the number shown on this form is my correct Tax Identification Number. I am not subject to backup withholding because (a) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, (b) the IRS has told me that I am no longer subject to a backup withholding order or (c) I am exempt from backup withholding. I am not subject to FATCA reporting.</p> <p>Check here only if the following apply to you:</p> <p><input type="checkbox"/> I have been notified by the Internal Revenue Service that I am subject to backup withholding due to under-reporting of interest or dividends.</p> <p><input type="checkbox"/> I am subject to FATCA reporting. (Requires 30% withholding on the taxable portion of the disbursement.)</p> <p>For questions regarding FATCA, please see <a href="http://www.irs.gov/">http://www.irs.gov/</a></p>
<p style="text-align: center; font-size: 24pt; font-weight: bold;">6</p> <p style="text-align: center;">SIGN HERE</p>	<p style="text-align: center;"><b>Authorization and Signature</b></p> <p><b>I authorize the above changes to my Group Universal Life Insurance and I make the tax withholding election indicated above if I am withdrawing from the cash value or surrendering coverage.</b></p> <p>_____</p> <p>Certificate Owner's or Assignee's Signature                      Date (MM/DD/YYYY)</p>