



MEDICO®

LIFE AND HEALTH INSURANCE COMPANY

P.O. Box 10386
Des Moines, IA 50306-0386
Toll Free 1-800-228-6080

Policy Values Request

Insured	Owner (If other than insured)	Policy No.

Instructions

- Place a checkmark in **only** one of the five sections.
- All signatures must be in ink, and witnessed as indicated. The request must be dated. The signature of the owner on the request must be written exactly as the name is given in policy.
- The signature of an assignee must appear exactly as the name of such assignee is given in the assignment paper.
- If a signer of the request is a corporation, an officer of the corporation must sign for the corporation with his/her title and the name of the corporation and witnessed by the secretary of the corporation.
- If a signer of the request is a partnership, the name of the partnership must be given and it must be described as a partnership. Each member of the partnership who signs must designate himself as "partner".

Check One Block ONLY

1. **Cash Surrender Value (Policy required.)**

I request this policy be cancelled in exchange for its cash value and the cash value of any rider, if applicable. Any indebtedness on this policy to the Company will be deducted from the cash value.

I certify that there are no assignments now outstanding against this policy and that I have full and absolute control of this policy. I surrender all rights and benefits under this policy and release Medico Life and Health Insurance Company from all obligations thereunder to me and my beneficiaries.

Check One: A. Policy attached.

B. I certify that the policy specified above has been lost or destroyed. I agree to indemnify and hold harmless Medico Life and Health Insurance Company against any claims which may be asserted on my behalf and on behalf of my heirs, assigns, legal representatives, or any other person claiming rights derived through me against the Company on the basis of the policy.

2. **Extended Term Insurance (This option not available in some policies. Policy not required.)**

I request the Automatic Premium Loan Provision, if in effect, be revoked and to continue this policy and any rider, if applicable, as extended term insurance as provided by the policy effective _____ (date) with the premium due on that date being unpaid.

3. **Paid-Up Insurance or Annuity (Policy not required.)**

I request the Automatic Premium Loan Provision, if in effect, be revoked and to continue this policy and any rider, if applicable, as paid-up term, paid-up life, paid-up endowment or paid-up annuity for the net amount of insurance or annuity as provided by the policy effective _____ (date) with the premium due on that date being unpaid.

4. **Loan (Policy not required.)**

In consideration of a policy loan, the owner of the policy shown above acknowledges and agrees that the loan will be made pursuant and subject to all conditions and provisions of this policy and also assigns said policy to Medico Life and Health Insurance Company as collateral. It is hereby certified that no proceedings in bankruptcy have been instituted by or against the owner.

Check One: A. Maximum loan value including loan value of dividends and/or coupons.

B. A check for \$ _____.

C. A loan for \$ _____.

Continued on back side

5. **Partial Withdrawal** (*This option available on flexible premium annuity and universal life policies only. Policy not required.*)

I request a partial withdrawal of the cash value of this policy. I understand a withdrawal charge may be applicable and also understand no withdrawal may be for less than \$100.

Check One: A. Maximum partial withdrawal available.

B. A withdrawal for \$ _____ .

Under penalties of perjury, I certify that my correct Social Security Number is listed below and that I am not subject to back-up withholding. I have read the notice below and make the following election with respect to my distribution or withdrawal.

Check One: Do Not Withhold Federal Income Tax Do Withhold Federal Income Tax

Date at _____ this _____ day of _____
City State

X _____ X _____
Policyowner Social Security No. Witness

X _____ X _____
Spouse (required in community property state) Social Security No. Witness

X _____ X _____
Co-Owner, Assignee or Irrevocable Beneficiary Social Security No. Witness

Send check to: _____
Street Address City State ZIP

**Notice of Withholding on Distributions or Withdrawals
From Annuities, IRA's, Pension, Profit Sharing,
Stock Bonus, and Other Deferred Compensation Plans**

The distributions or withdrawals you receive from Medico Life and Health Insurance Company are subject to Federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your distribution or withdrawal that is included in your income subject to Federal income tax. Thus, for example, there will be no withholding on the return of your own nondeductible contributions to the contract.

You may elect not to have withholding apply to your distribution or withdrawal payments by placing a checkmark in the block 'Do Not Withhold Federal Income Tax'; signing and dating the request and returning it to Medico Life and Health Insurance Company, P. O. Box 10386, Des Moines, Iowa 50306-0386.

If you do not return the request within 15 days, receipt of your payments may be delayed. If you do not respond by the date your distribution or withdrawal is scheduled to begin, Federal income tax will be withheld from the taxable portion of your distribution or withdrawal.

If you elect not to have withholding apply to your distribution or withdrawal payments, or if you do not have enough Federal income tax withheld from your distribution or withdrawal, you may be responsible for payment of estimated tax. You may incur penalties under the estimate tax rules if your withholding and estimated tax payments are not sufficient.

Home Office Use Only

The request made for extended term insurance, paid-up insurance or annuity has been approved and recorded by Medico Life and Health Insurance Company.

On: _____ By: _____