

The Ohio National Life Insurance Company  
 Ohio National Life Assurance Corporation

P.O. Box 237  
Cincinnati, OH 45201-0237  
Telephone: 1-800-366-6654

## Whole Life Disbursement Form

Policy Number

Policy Owner's Address

Insured's Name

Policy Owner's Name

The above address is new. Please process a change of address.

Policy Owner's SSN, EIN or TIN

1.  **Dividend Option Change (Please choose only one of the following.)**

- Option 1 - Paid Up Additions
- Option 2 - Payment of Premiums
- Option 3 - Paid in Cash
- Option 4 - Accumulate at Interest

2.  **Policy Loan Request**

- Maximum Amount Available (Include Dividend Credit)
- Maximum Amount Available (Exclude Dividend Credit)
- Gross (Amount of Loan) \$ \_\_\_\_\_
- Net (Amount of Check) \$ \_\_\_\_\_
- Pay Premium Due on Policy No. \_\_\_\_\_

3.  **Surrender Dividends (and/or API)**

**\*Any API released may be subject to MEC guidelines**

- Apply to Premium on Policy No. \_\_\_\_\_
- Apply to Policy Loan Interest on Policy No. \_\_\_\_\_
- Apply to Policy Loan on Policy No. \_\_\_\_\_
- Pay Dividend in Cash in the amount of \$ \_\_\_\_\_  
(Full dividend amount will be disbursed if not specified)
- Pay API in Cash in the amount of \$ \_\_\_\_\_  
(Full API amount will be disbursed if not specified.)
- Apply to Initial Premium on New Policy No. \_\_\_\_\_
- Other \_\_\_\_\_

Any payments received within 30 days of loan request will reduce the net loan available. Any premium past due, or due within 30 days of request, may be deducted from the cash disbursed.

**Note: For gross loans, policy loan interest is deducted from the proceeds requested. For net loans, the policy loan equals the amount disbursed plus the loan interest. Policy loan interest is payable in the manner set forth in the policy. You may request a policy illustration to show the effect of the policy loan taken. If the policy lapses due to non-payment of premiums and/or policy loan interest a taxable event may occur. Policy loans will reduce the death benefit. All rights, title and interest on the policy, is assigned to Ohio National as sole security for the repayment of the loan with interest. The loan is subject to all terms of the policy.**

Special Instructions \_\_\_\_\_

**\*Note:** If this policy is trust owned, we require a copy of the first and signature pages from the trust document, and also the page that verifies the Employer Identification Number (EIN) of the trust. Signatures of all trustees, with title, are required unless the trust document states that one of the trustees is authorized to act alone. Ohio National reserves the right to request a complete copy of the trust document at our discretion. If this policy is corporate-owned, we will require a copy of a document showing who is authorized to sign on behalf of the business (typically referred to as a corporate resolution). An authorized officer other than the Insured must sign the request and include his or her title. If the requested change has been signed by a Power of Attorney, we require a complete copy of the Power of Attorney document. You should contact a tax advisor regarding any tax questions that may arise from the change you are requesting to make on this form.

I, the Policy Owner, certify that no bankruptcy proceedings, attachments, tax or other lien claims now pending against me have priority over my rights in the contract. If any part of the policy is cancelled by a change that I request, Ohio National will be released from any claims or liability under such part. By signing below I agree to all changes and requests on this, and any other page, of this form.

**Certification:** Under penalties of perjury, I certify all of the following:

1. The number shown on this form is my correct identification number (or I am waiting for a number to be issued to me), 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 (IRS) 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, and
3.
  - a. I am a U.S. citizen or U.S. resident, alien, or
  - b. A partnership, corporation, company or organization created or organized in the United States or under the laws of the United States, or
  - c. An estate (other than a foreign estate), or
  - d. A domestic trust (as defined under Regulations section 301.7701-7), and
4. I am exempt from FATCA reporting.

Dated at: \_\_\_\_\_ on \_\_\_\_\_  
City State Month/Day/Year

Signature of Policy Owner (and Title, if applicable)\*  
\_\_\_\_\_

Signature of Witness ( Check if Service Agent)  
\_\_\_\_\_

Policy Owner Printed Name (and Title, if applicable)  
\_\_\_\_\_

Witness Printed Name  
\_\_\_\_\_

By signing below, I hereby consent to the disbursement requested by the policy owner.

Signature of Assignee and Title (if applicable)\*  
\_\_\_\_\_

Signature of Irrevocable Beneficiary (if applicable)  
\_\_\_\_\_

Assignee Printed Name and Title (if applicable)  
\_\_\_\_\_

Irrevocable Beneficiary Printed Name  
\_\_\_\_\_

**Notary Signature and Seal** (Required for the policy owner if proceeds are to be mailed to an address other than Policy Owner's current address of record. Required for the irrevocable beneficiary and/or assignee, if any. May be required for other purposes at our discretion.)

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_, to me known to be the individual described and who requested the disbursement or dividend option change written on this form and acknowledged to me that they requested the same.

\_\_\_\_\_  
Notary Public My Commission Expires: \_\_\_\_\_

**Notary Signature and Seal** (Required for the policy owner if proceeds are to be mailed to an address other than Policy Owner's current address of record. Required for the irrevocable beneficiary and/or assignee, if any. May be required for other purposes at our discretion.)

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