

Instructions	
<ul style="list-style-type: none"> Please complete all applicable sections, review this information for accuracy, sign the form and return it to us at the address or fax listed below. 	
Insured Information	
Name of Insured (First, Middle, Last)	
Daytime Phone Number ()	Policy Number
Name of Owner (If different from insured) (First, Middle, Last)	Social Security Number
1. Policy Loan – For Policies Without Indexed Accounts	
<input type="checkbox"/> I request a policy loan in the amount of \$ _____ <input type="checkbox"/> I request the maximum policy loan available Loan amount may include portion of dividends unless otherwise requested. If proceeds are to be applied in any other manner use payment instructions section. Policy loan may impact policy performance and/or guarantees.	
2. Policy Loan – For Policies With Indexed Accounts.	
<input type="checkbox"/> I request a policy loan in the amount of \$ _____ <input type="checkbox"/> I request the maximum policy loan available If the policy does not currently have an outstanding loan, you must select a loan option from below. If the policy does currently have an outstanding loan, the loan requested below will be processed with the same loan option selected for the outstanding loan. <input type="checkbox"/> Traditional Loan Option <input type="checkbox"/> Indexed Loan Option - (May not be available in all states or on some products) Available on the cash surrender value in the Indexed Account segments. If there is not enough value in the Indexed Account to cover the loan, funds must be transferred from the Fixed Account in order to take the full loan amount. If proceeds are to be applied in any other manner use payment instructions section. Policy loan may impact policy performance and/or guarantees.	
3. Dividend Withdrawal & Paid Up Additions Surrender	
Select one or both of the following options: <input type="checkbox"/> Dividend Accumulations <input type="checkbox"/> Paid Up Additions <input type="checkbox"/> I request the amount of \$ _____ <input type="checkbox"/> I request the maximum amount available Dividends withdrawn or paid up additions surrendered may not be repaid. If proceeds are to be applied in any other manner use payment instructions section. Dividend withdrawal or Paid Up Additions Surrender may impact policy performance.	

4. Partial Withdrawals

Partial withdrawals are only available on universal life insurance policies. Minimum withdrawal amounts, partial withdrawal fees and/or a reduction in your specified amount may apply. Applicable charges will be deducted from the contract value. Refer to your policy provisions or call our Client Service number at (800) 523-0650 for more information about partial withdrawals.

- I request a net partial withdrawal amount of \$ _____ from my policy.
- I request the maximum partial withdrawal available.

A. Withholding (mandatory) Choose One

Withholding is mandatory when a policy with gain is surrendered, or a withdrawal is made from a modified endowment contract, unless the policy owner elects not to have withholding apply.

- DO NOT withhold Federal Income Tax from my payment.
- DO withhold Federal Income Tax from my payment. (10% of gain will be withheld.)

Note: Mandatory state withholding may be deducted.

Note: This section must be completed.

Partial Withdrawals may impact policy performance and/or guarantees.

5. Payment Instructions

A check will be sent unless otherwise noted below.

- I elect to apply the proceeds to pay the premium on policy _____.
- I elect to apply the proceeds as a loan payment on policy _____.
- I elect to have proceeds sent via Electronic Fund Transfer.

Note: Please submit a copy of a voided check. Proceeds can only be deposited into the policyholder's bank account.

- Other _____

6. Special Instructions

7. Signatures

I certify that: (1) the Taxpayer Identification number shown on this form is my correct TIN, (2) I am not subject to backup withholding because I have not been notified by the IRS that I am subject to backup withholding, and (3) no bankruptcy or insolvency proceeding is pending with respect to me.

Signature of Policy Owner Date (mm/dd/yyyy)

If Owner is a Corporation or Trust, provide signature and title. If multiple owners, all must sign.

Signature of Officer or Trustee Date (mm/dd/yyyy)

_____ Title

If subject to a Restricted Bonus, provide signature and title of a Corporate Officer.

Signature of Officer Date (mm/dd/yyyy)

_____ Title

This section is to be completed if the form is prepared by your Financial Professional.

Financial Professional Name Date (mm/dd/yyyy)

Financial Professional Office and Producer Code

8. Mailing Instructions

Please return the forms either by mail to:
The Penn Mutual Life Insurance Company
P.O. Box 178
Philadelphia, PA 19105-0178

Or

By fax to:
215-956-7699
Attention: Client Services