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SERVICE REQUEST

(Please Print Clearly)

CERTIFICATE NO(s):	INSURED:
	OWNER: (IF OTHER THAN INSURED)

1. CHANGE OF ADDRESS OF: INSURED OWNER PAYOR DATE OF CHANGE: _____

NEW STREET ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ ZIP CODE: _____

2. CHANGE OF NAME OF: INSURED PAYOR DATE OF CHANGE: _____

FORMER NAME: _____ NEW NAME: _____

REASON: _____

3A. CHANGE OF PRIMARY BENEFICIARY (IF MULTIPLE BENEFICIARIES ARE NAMED, SHARES WILL BE DIVIDED EQUALLY OR TO THE SURVIVOR(S) UNLESS OTHERWISE SPECIFIED)

PRIMARY BENEFICIARY NAME AND ADDRESS:	BIRTHDATE:	SSN:	RELATIONSHIP TO INSURED:	% TO EACH:
_____	_____	____-____-____	_____	_____
_____	_____	____-____-____	_____	_____
_____	_____	____-____-____	_____	_____

3B. CHANGE OF CONTINGENT BENEFICIARY (IF MULTIPLE BENEFICIARIES ARE NAMED, SHARES WILL BE DIVIDED EQUALLY OR TO THE SURVIVOR(S) UNLESS OTHERWISE SPECIFIED)

CONTINGENT BENEFICIARY NAME AND ADDRESS:	BIRTHDATE:	SSN:	RELATIONSHIP TO INSURED:	% TO EACH:
_____	_____	____-____-____	_____	_____
_____	_____	____-____-____	_____	_____
_____	_____	____-____-____	_____	_____

4. CHANGE MODE TO: ANNUAL SEMI-ANNUAL QUARTERLY AWP (COMPLETE AWP FORM)

ONE OF THE PREMIUM DUE DATES MUST BE ON THE ANNIVERSARY OF THE CERTIFICATE.

CHANGE PREMIUM BILLING AMOUNT TO \$: _____ (APPLIES TO UNIVERSAL LIFE/FLEXIBLE PREMIUM ANNUITY CERTIFICATES ONLY)

5. ADD AUTOMATIC PREMIUM LOAN (APL) PROVISION.

6. CHANGE DIVIDEND OPTION TO:

- PAID IN CASH
- ACCUMULATE AT INTEREST
- PURCHASE PAID-UP ADDITIONAL INSURANCE
- REDUCE PREMIUMS
- REDUCE CERTIFICATE LOAN
- DEPOSIT IN ANNUITY NO. _____

7. WITHDRAWAL OF DIVIDENDS:

- PAID TO ME BY CHECK
- APPLIED TOWARD MY CERTIFICATE LOAN
- APPLIED TO PAY PREMIUM DUE _____
- AMOUNT AVAILABLE \$ _____
- AMOUNT REQUESTED \$ _____

8. ISSUE DUPLICATE CERTIFICATE (\$25 FEE MUST BE SUBMITTED WITH REQUEST)

I certify that the said certificate(s) is/are lost. I will hold Sons of Norway harmless from any liability arising out of the original certificate(s) which I have declared to be lost.

9. LOAN REQUEST AMOUNT AVAILABLE \$ _____ AMOUNT REQUESTED \$ _____

TO BE PAID BY CHECK TO PAY MODAL PREMIUM DUE _____
(DATE DUE)

Taking a loan against the cash value of your certificate might have a negative impact on your insurance program. You may wish to request an illustration to see the effect of this change.

10. PARTIAL SURRENDER (AVAILABLE ON ANNUITIES AND UNIVERSAL LIFE ONLY)

PLEASE SURRENDER \$ _____

Taking a partial surrender from the cash value of your universal life certificate might have a negative impact on your insurance program. You may wish to request an illustration to see the effect of this change. (If this is an IRA, IRA Withdrawal Statement, Form No. 314 must be completed.)

11. PAY PREMIUM FROM ANNUITY RIDER

PLEASE DEDUCT THE FOLLOWING PREMIUM FROM MY ANNUITY RIDER:

ANNUAL SEMI-ANNUAL QUARTERLY INCLUDE MEMBERSHIP DUES

PLEASE BILL ME FOR FUTURE PREMIUMS.

PLEASE CHECK ONE OF THE FOLLOWING IF YOU COMPLETED #9,10 OR 11:

- I ELECT NOT TO HAVE FEDERAL INCOME TAX WITHHELD.
 I ELECT TO HAVE _____% FEDERAL INCOME TAX WITHHELD. (CANNOT WITHHOLD LESS THAN 10%)
(IF THIS SECTION IS NOT COMPLETED, SONS OF NORWAY WILL WITHHOLD 10% FEDERAL INCOME TAX)

THIS SECTION MUST BE COMPLETED FOR ALL REQUESTS

UNDER PENALTIES OF PERJURY, I CERTIFY THAT MY TAXPAYER ID NO. (SOCIAL SECURITY NUMBER) IS:

INSURED:			
OWNER*:			

*IF OWNER IS A CORPORATION, PLEASE FURNISH CORPORATION TAX ID NUMBER.

A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME

Signature of Insured: _____

Signature of Witness: _____

Signature of Owner: _____

Date Signed: _____

(if other than insured)

Address: _____

Telephone: (_____) _____

NOTICE OF WITHHOLDING ON DISTRIBUTIONS OR WITHDRAWALS FROM LIFE PLANS, ENDOWMENTS AND ANNUITIES

The distribution or withdrawal you receive from your Sons of Norway certificate may be subject to Federal Income Tax Withholding. Withholding applies only to the portion of your distribution that must be included in your income. Withholding will apply to the taxable amount of our distribution or withdrawal unless you elect otherwise on this request. Withholding will be at the rate of 10% of the taxable amount unless you indicate a different percentage.

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