



Attached is the form you requested. In order for your request to be processed in a timely manner, the **sections referenced below must be completed on the accompanying form.**

Section A	Indicate whether this is a request for Split-Dollar documents or for Split-Dollar servicing.
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Section B	Basic policy information - <b>required</b>
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Section C	Split-Dollar plan design - <b>required</b>
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Section D	<p>Complete this section <b>only if requesting Split-Dollar forms</b>. Signature requirements are based on the owner designation of the policy/contract. Examples are:</p> <ul style="list-style-type: none"> <li>• <b>Individual:</b> Print and sign your full name as it appears on the policy/contract.</li> <li>• <b>Multiple Owners:</b> All partners must sign (unless a form authorizing one partner to sign is on file with us).</li> <li>• <b>Corporation:</b> Titled officer must sign. The officer's title must also be indicated. <i>NOTE: In general, the insured/annuitant should not sign as officer. We ask that an additional titled officer sign if the signing officer is effecting a change for his or her personal benefit.</i></li> <li>• <b>Trust:</b> The current trustee(s) must sign.</li> </ul> <p style="text-align: center;"><i>All forms must be dated in order to process your request.</i></p>
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Contact Information	<table style="width: 100%;"> <tr> <td style="width: 33%;"><b>Delivery</b></td> <td style="width: 33%;"><b>Phone</b></td> <td style="width: 33%;"><b>FAX</b></td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>• <i>U. S. Mail:</i> PO Box 22012 Albany, NY 12201-2012</li> <li>• <i>Shipping:</i> 15 Tech Valley Drive, Suite 201 East Greenbush, NY 12061-4142</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• (800) 628-1936 (Traditional Life)</li> <li>• (800) 541-0171 (Variable Life)</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• (321) 400-6318 (Traditional Life)</li> <li>• (321) 400-6316 (Variable Life)</li> </ul> </td> </tr> </table>	<b>Delivery</b>	<b>Phone</b>	<b>FAX</b>	<ul style="list-style-type: none"> <li>• <i>U. S. Mail:</i> PO Box 22012 Albany, NY 12201-2012</li> <li>• <i>Shipping:</i> 15 Tech Valley Drive, Suite 201 East Greenbush, NY 12061-4142</li> </ul>	<ul style="list-style-type: none"> <li>• (800) 628-1936 (Traditional Life)</li> <li>• (800) 541-0171 (Variable Life)</li> </ul>	<ul style="list-style-type: none"> <li>• (321) 400-6318 (Traditional Life)</li> <li>• (321) 400-6316 (Variable Life)</li> </ul>
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**NOTE:** If submitting this form with an application for a **new policy**, send all paperwork (including a copy of the illustration) **directly to New Business.**



A. This form is for all Split-Dollar administration services offered by the Company. These include: 1) The preparation of collateral assignment or endorsements required with Split-Dollar agreements and 2) Reporting the annual economic benefit cost associated with Split-Dollar.
For new policies a copy of the illustration must be included.

- Request for Split-Dollar Documents (Complete all Parts)
Request for Split-Dollar Servicing (Complete Parts I and II) Beginning for Tax year

Requester Name and Phone Number

B. Basic Information (Required)

For New Policies include Policy Application Number or for Inforce/Existing Policies include Policy Number:

Form with fields for Name of First Insured, Name of Second Insured, Gender, Date of Birth, Sponsor, and Was this policy the result of a 1035 Exchange.

C. Split-Dollar Plan Design (Required)

Section 1 - Premium, Cash Value and Death Benefit Splits (Complete subsections a, b, c, d and e)

Note: Death Benefit Owner (DBO) is usually insured or designee of insured (e.g. Trust).

- a. Effective date of Split-Dollar agreement
b. Premium Split (Select one):
c. Sponsor's Cash Value Interest (Select one):
d. Death Benefit Split (Select one):
e. Premium History (except for NEW policies, please complete the appropriate section)

**Section 2 - Uncommon Arrangements (Complete Subsections a, b and c)**

**a - Uncommon Premium Splits (Complete if "Other" was selected in Section 1.a)**

- Offset (Death Benefit Owner's contribution is equal to the term cost using following table \_\_\_\_\_ (eg. Gov't., PHL99, PHL97)
- Employer/Sponsor pays uniform annual amount of \$ \_\_\_\_\_ (Employer/DBO pays balance.)
- Specified % of the premium: \_\_\_\_ % Paid by (check one):  Sponsor/Employer  Death Benefit Owner/Employee
- Other\* \_\_\_\_\_

**b - Uncommon Cash Value Interest Splits (Complete if "Other" was selected in Section 1.b)**

- Total Premiums paid by the Sponsor/Employer.  Plus Cost of Money (Rate \_\_\_\_\_%)

Plus Bonus Amount (choose one):

- No Bonus
- Single Bonus-equal to DBO/Employee's outlay. DBO/Employee's assumed tax bracket \_\_\_\_\_%
- Double Bonus-equal to DBO/Employee's outlay plus gross-up amount. DBO/Employee's assumed tax bracket \_\_\_\_\_%

Recovery Amount (choose one if Single or Double Bonus is checked):

- Gross Bonus
- Net Bonus-calculate Sponsor/Employer's net cost of bonus. Sponsor/Employer's assumed tax bracket \_\_\_\_\_%
- Other\* \_\_\_\_\_

For in-force plans include the following information if applicable: Cumulative Cost of Money: \_\_\_\_\_ Cumulative Bonus \_\_\_\_\_

**c - Uncommon Death Benefit Splits (Complete if "Other" was selected in Section 1.c)**

- Same as definition in Section 4. (Check one if applicable:  Not to exceed cash value  Cash value if greater)
- Sponsor/Employer receives specified amount \$ \_\_\_\_\_
- Sponsor/Employer receives specified percentage of death benefit: \_\_\_\_\_ %
- Other\* \_\_\_\_\_

**D. Complete only if requesting Split-Dollar forms**

Method (must check one):  Collateral Assignment Non-Majority Shareholder  Endorsement  
 Limited Collateral Assignment Controlling/Majority Shareholder<sup>¶</sup>

Sponsor/Employer's Address (Include No., Street and/or PO Box)	Sponsor/Employer's State of Incorporation
(City, State and ZIP Code)	Tax Identification Number
Name of Death Benefit Owner if different than Insured	Relationship to Insured
Address (Include No., Street and/or PO Box)	
(City, State and ZIP Code)	
If Death Benefit Owner is Trust give Name of Trustee(s)	Date of Trust Document

**Death Benefit Owner's Beneficiary(ies)**

Primary Beneficiary	Relationship to Insured
Address (Include No., Street and/or PO Box)	
(City, State and ZIP Code)	
Contingent Beneficiary	Relationship to Insured
Address (Include No., Street and/or PO Box)	
(City, State and ZIP Code)	

\* IMPORTANT NOTE: If "Other" is selected in the Alternate Split-Dollar Arrangement Sections, the policy may not be serviceable by the Company's Split-Dollar Servicing System. Attach additional instructions if necessary.

<sup>¶</sup> The limited collateral assignment can be used where estate tax avoidance is desired if the insured is a controlling shareholder and the policy is to be owned by a third party. It is sometimes used for "Private Split-Dollar" arrangements as well. Consult Advanced Marketing for advice on the proper form.