



PACIFIC GUARDIAN LIFE

1440 Kapiolani Boulevard, Suite 1700 • Honolulu, HI 96814
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Non-Forfeiture Option Election Form

Before completing this form, please know:

- Non-Forfeiture Options are only available for specific life insurance plans.
- Some Non-Forfeiture Options require sufficient cash values to execute.
- If your premiums are past due and your policy has insufficient cash values to execute your selected NFO, your policy will lapse.

Section 1: Policy Information

Policy number _____

Insured - First name _____ Middle name _____ Last name _____

Section 2: Ownership Information

Individual (or individuals, if the policy is co-owned)

Owner - First name _____ Middle name _____ Last name _____

Social Security number _____ Phone number (Mobile) _____ Email address _____

Co-Owner - First name _____ Middle name _____ Last name _____

Social Security number _____ Phone number (Mobile) _____ Email address _____

Trust, Charity, or Business Entity:

Print full name of Trust/Charity/Business entity _____

Date of Trust (mm/dd/yyyy) _____ Tax ID number of Trust/Charity/Business _____

Contact person - First name _____ Middle name _____ Last name _____

Phone number (Mobile) _____ Email address _____

Section 3: Non-Forfeiture Option Selection (Select one)

To execute immediately or To select as a default option in the event of non-payment of premium

Select one of the following Non-Forfeiture Options below:

- Reduced Paid-Up (RPU) insurance**
The undersigned hereby applies to have the above policy continued in force as paid-up insurance for the reduced amount to which we are entitled, according to its terms. It is understood that any indebtedness to the Company secured by said policy will be deducted from the cash value of the policy used to calculate the reduced paid-up value.
- Extended Term Insurance (ETI)**
The undersigned hereby applies to have the above policy continued in force as paid-up extended term insurance for the period to which we are entitled according to its terms. It is understood that any indebtedness to the Company secured by said policy will be deducted from the amount of the extended term insurance.
- Automatic Premium Loan (APL) provision**
I request the Automatic Premium Loan provision to be added in the event a premium remains unpaid at the end of its grace period.

Section 4: Certification and Signatures

Social Security or Taxpayer Identification Number of Owner

Under penalty of perjury, I, certify that:

1. The number shown in this document is my correct social security or taxpayer 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 back up withholding; and
3. I am a U.S. Citizen or other U.S. person (defined below); and
4. I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States; and
5. I have the right to make this request and elect the non-forfeiture option indicated above without the authorization, approval or permission of any court, person, firm or corporation.

If you are not a U.S. citizen or non-U.S. residing U.S. resident alien, you must submit the applicable IRS Form W-8 with this form to certify your foreign status and, if applicable, claim treaty benefits. If you are not a U.S. person, your signature below only applies to the provisions of this document other than the provisions contained in this Owner Tax certification section.

Form W-9 and Form W-8 and their instructions are available upon request or on irs.gov.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Owner type	Signature requirement
Individual acting on behalf of the Owner	The full name of the Owner's fiduciary or Agent and the legal documentation of the authority to act (e.g. <i>power of attorney, guardianship papers, etc.</i>).
Trust	Signatures, followed by the word "Trustee," of all required Trustees.
Partnership	The full name of the firm should be printed with the signature of all general partners (not limited partners).
Sole Proprietorship	The full name of the business should be printed with the signature of the Owner followed by the word "Owner".
Corporation/Charity	The signature and title of one officer (other than the insured). Most common authorized officers include: CFO, President, Vice President, Treasurer, Corporate Secretary, Principal (LLC), Managing Member (LLC), or Loan Officer (on behalf of collateral assignee)

I declare under penalty of perjury under the laws of the State/Territory of _____ and the laws of the United State of America that the foregoing is true and correct. State

Executed this _____ day of _____, 20____ at _____, _____, _____.

Day
Month
Year
City
State
Country

Signature of Owner		Date (mm/dd/yyyy)
X		
Title (if acting in a representative capacity)		
Print - First name	Middle name	Last name
Signature of Co-Owner		Date (mm/dd/yyyy)
X		
Title (if acting in a representative capacity)		
Print - First name	Middle name	Last name

How to submit this form

Mail:

Pacific Guardian Life
Attn: Client Relations Department
1440 Kapiolani Blvd., Suite 1700
Honolulu, HI 96814

Email:

clientrelations@pacificguardian.com

Fax:

1.800.946.1295

Pacific Guardian Life is here to help

You can reach us at 1.800.367.5354. Monday – Friday 8:00 a.m. to 5:00 p.m., Hawaii Standard time.