

Farmers New World Life Insurance Company

Life Home Office: 3120 139th Ave SE Suite 300, Bellevue, WA 98005 / 1-800-238-9671
Mailing address: PO Box 248831, Oklahoma City, OK 73124
Variable Policy Service Office: PO Box 724208, Atlanta, GA 31139 / 1-877-376-8008
Index UL Service Center: PO Box 725409, Atlanta, GA 31139 / 1-888-794-0608



New Business Change Request – Application Amendment

Primary Proposed Insured: Waylon Snunk Policy Number: 003122224 U

A Proposed Insured(s) Change(s)

> Primary Proposed Insured

- Change Name to: _____
Full Legal Name (First, Middle, Last, Suffix)
- Change DOB to: _____
(mm/dd/yyyy)
- Change US Driver's License # to: _____
(Attach copy of Driver's License)

> Additional Proposed Insured

- Change Name to: _____
Full Legal Name (First, Middle, Last, Suffix)
- Change DOB to: _____
(mm/dd/yyyy)
- Change US Driver's License # to: _____
(Attach copy of Driver's License)

B General Change(s)

See section C for other plan specific changes

- Change Face Amount to: \$ _____
(Increase in Face Amount may require additional medical requirements. Consult Minimum Underwriting Requirements chart.)
- Change Rate Class to:

Non-Nicotine FEUL/IUL/VT: <input type="checkbox"/> Platinum <input type="checkbox"/> Platinum Choice <input type="checkbox"/> Platinum Plus <input type="checkbox"/> Platinum Elite FELVUL: <input type="checkbox"/> Standard <input type="checkbox"/> Preferred <input type="checkbox"/> Premier ST/FESWL: <input type="checkbox"/> Select (Special-WA) <input type="checkbox"/> Select Plus FDT(MPP)/PWL: <input type="checkbox"/> Non-Nicotine	Nicotine <input type="checkbox"/> Gold <input type="checkbox"/> Gold Plus <input type="checkbox"/> Standard <input type="checkbox"/> Select (Special-WA) <input type="checkbox"/> Nicotine
--	---
- Add Remove – Accelerated Benefit Rider – Terminal Illness (PA residents: Terminal Condition)
- Add Remove Change Amount – Accidental Death Benefit \$ _____
- Add Remove Change Amount – Children's Term Insurance Rider \$ _____
- Add Remove Change Amount – Other/Additional Insured Insurance \$ _____
(Evidence of insurability may be required for adding any Additional Proposed Insured(s).)

C Plan Specific Change(s)

> Variable or Universal Life Plans

- Change to: Plan: _____ with a Death Benefit Option of: Increasing/Variable or Level, and
(plan name or code number)
a Planned Premium of: \$ _____ (Plan changes to Variable or IUL product; also complete appropriate Application Supplement)
- Change only to: Death Benefit Option Increasing/Variable Level
- Add Remove – Automatic Increase Benefit
- Add* Remove – Chronic Illness Rider (*Also complete Disclosure form) (Available only on IUL if ABR-TI is present.)
(No more than one of the following are available at a time)
- Add Remove – Waiver of Deduction
- Add Remove – Owner Waiver of Deduction

C Plan Specific Change(s) (continued)

Term Plans

1. Change to: Term Plan: _____ in the Length of: _____ Years
(plan name or code number)
2. Change only to: Length of Term: _____ Years
3. Add Remove – Waiver of Premium
4. Add* Remove Change Amount – Critical Illness – Accelerated Benefit Rider \$ _____ (VT 20 & 30 year only)
(*Also complete Disclosure form and Application Supplement) (CI-ABR not available in all states)

Whole Life Plans

1. Change to: Whole Life Plan: _____
(plan name or code number)
2. Add Remove – Non-forfeiture Options:
 - Automatic Premium Loan
 - Extended Term Insurance
 - Reduced Paid-Up Insurance
3. Add Remove – Excess Credit Option:
 - Cash
 - Paid-Up Additions
 - Reduced Premium
4. Add Remove – Waiver of Premium
5. Add Remove – Owner Waiver of Premium/Payor Benefits
6. Add Remove Change Amount – Guaranteed Insurability Benefit \$ _____
7. Add Remove Change Amount – Single Premium Rider \$ _____
8. Add Remove Change Amount – One-Year Term Rider \$ _____

D Rated Policy

I (We) accept the policy issued with:

1. Table rating of: _____
2. Permanent Flat Extra Rate of: _____ per thousand.
3. Temporary Flat Extra Rate of: _____ per thousand for _____ years.

E Other Contractual Change Request

1. Other Contractual Change Request: The insured's correct height is 2'9" and weight is 28 lbs.

F Acknowledgement & Authorization Signatures

Complete this section for all cases

I (We) understand that portions or all of the data collected to create this New Business Change Request - Application Amendment (Amendment), including my signature, may be transmitted by electronic means and/or retained in electronic format. By signing below, I consent to this transaction by electronic means and confirm that I have not withdrawn my consent. I will receive a copy of this Amendment, which will become part of the Policy Contract, if issued or upon receipt of a written request directed to Farmers New World Life Insurance Company.

I (We) represent that since the completion of the original application, the health of all Proposed Insureds has remained unchanged and none of the Proposed Insureds have consulted with nor been treated by a physician or medical practitioner for any cause other than the insurance medical exam, if any. If any person to be insured under the policy is unable to attest to the foregoing health statement, this document cannot be signed and the policy cannot be delivered or placed in force.

I (We) have read the completed Amendment, or have had it read to me, and agree that all the statements and answers are true and complete to the best of my knowledge and belief; and will be relied upon to determine my insurability.

Fraud Warning: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signature of Proposed Insured(s) – (or Parent/Legal Guardian if Primary Insured is a juvenile and if other than Policy Owner)

X	_____	X	_____
	Primary Insured		Additional Insured (if applicable)
X	<u>Kelly Smuk</u>		_____
	Date		Date
	<u>4/13/22</u>		_____
	Parent/Legal Guardian		_____

Signature of Proposed Policy Owner(s) – (if other than Proposed Insured(s))

X	_____	X	_____
	Policy Owner (if applicable)		Policy Co-Owner (if applicable)
X	<u>Kelly Smuk</u>		_____
	Date		Date
	<u>4/13/22</u>		_____

Signature of Insurance Producer

X	_____	1380 AH	_____
	Insurance Producer	Agent Code Number	Date
	_____	_____	<u>4/13/22</u>

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Waylon Smunk</p> <p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. 19200 Market Ave</p> <p>6 City, state, and ZIP code Belle Plaine, MN 56011</p>	<p>Requester's name and address (optional)</p>
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
840 - 06 - 8676
or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ Kelly Smunk	Date ▶ 4/13/22
------------------	---	-----------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.