



CHURCH LIFE INSURANCE CORPORATION

445 Fifth Avenue
New York, NY 10016
(866) 802-6333
(212) 592-1800

Request for Information on Retirement Options on Annuities

Name *(Insured or beneficiary)*: _____

Policy/contract number: _____

Start date *(When would you like to start receiving payments? MM/DD/YYYY)*: _____

Please send me detail and amounts payable under the options selected:

Payments for a specified period

Number of payment years: _____

Payments for a specified amount

Amount of each payment: \$ _____

Income for life

Income for life with a guarantee period

10 years 15 years 20 years

Joint and life income

a. Your Date of Birth *(MM/DD/YYYY)*: _____

Male Female

b. Joint participant's date of birth *(MM/DD/YYYY)*: _____

Male Female

c. Percentage of original payments of the income that is to continue to the survivor:

100% 75% 50%

Joint and Life Income with guaranteed period

a. Your date of birth *(MM/DD/YYYY)*: _____

Male Female

b. Joint participant's date of birth *(MM/DD/YYYY)*: _____

Male Female

c. Percentage of original payments of the income that is to continued to the survivor:

100% 75% 50%

d. Guaranteed period *(paid to a named beneficiary in the event of death of either joint participant)*:

10 years 15 years 20 years

(Please note: If this option is chosen, a beneficiary form will be sent to you)

If you need additional information or other projections please contact one of our Representatives of claims and distributions: Marcia Jackman or Cecilia Wong at (212) 592-1800 extensions 6319 or 9468, or by electronic mail: mjackman@cpg.org or cwong@cpg.org, respectively.

Comments and additional instructions: _____

Please return the completed form to the address above in care of "Claims & Distributions Department" or by fax at (212) 779-3363.