



American Century Life Insurance Company

1333 W. McDermott Dr. #200

Allen, TX 75013

Phone (855) 966-1111

Fax (855) 855-0181

## Annuity Withdrawal Form

### Policy Information

Annuitant Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner SSN: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Withdrawal Requested

I, the undersigned Owner(s), request a withdrawal under the provisions of the subject contract. I understand the contract provisions regarding early withdrawal charges.

#### SELECT ONE OPTION ONLY

Partial Withdrawal \$ \_\_\_\_\_ (gross amount before any charges or withholding, if any)

Complete Cash Surrender. Checks will be mailed to above address.

Periodic Interest Withdrawal - Monthly Quarterly Semi-Annual Annual

1. The first payment will be made the month following our receipt of this request.
2. Payment will be made on the 1<sup>st</sup> of every month.
3. The periodic interest amount will fluctuate according to the number of days in the period.
4. Your policy must be in force one full month before your interest payments will begin.
5. Minimum monthly payment of \$100.00 is required.

Partial withdrawals and complete cash surrenders (options 1 and 2 above) will be paid by check. Periodic interest withdrawals will be paid by ACH, unless elected differently below.

### Authorization for Direct Deposit

(Attach a Voided Check)

Account Owner: \_\_\_\_\_ Account Owner SSN: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account Type: \_\_\_\_\_ Checking Savings

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Branch: \_\_\_\_\_ Bank Phone #: \_\_\_\_\_

I elect to receive the periodic distribution by check.



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**Withholding**

**Please answer the following tax withholding questions. Unless you check “No” for federal taxes, we are required to withhold a minimum of 10% of the taxable amount.**

Listed below is the required Certification regarding your tax ID number and back up withholding for Federal Income Tax. If you do not complete the Certification, we must withhold 31% of the amount subject to Federal Income Taxes.

I **DO NOT** want Federal Income Tax withheld.

I **DO** want to have Federal Income Tax withheld. Taxes will be withheld at a rate of ten percent (10%), unless a higher percentage is indicated here \_\_\_\_\_.

You and the Internal Revenue Service will be provided with a 1099-R form after the close of the calendar year. A withdrawal of any type, prior to age 59 ½, may subject you to an IRS Penalty Tax.

**Taxpayer ID Number & Certification**  
(Substitute IRS Form W-9)

**This Certification must be completed and signed by the listed Owner of the Annuity identified above. If you do not provide your tax identification number, we are required to withhold 31% of the taxable amount distributed. If you do not complete the Certification or if we are so notified by the Internal Revenue Service, we must withhold 31% of the amount subject to Federal Income Taxes.**

**1. Taxpayer Identification Number**

SSN: \_\_\_\_\_

**2. Certification (Please check those items below that are true) Under penalties of perjury,**

**I certify that:**

- a. 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
- b. I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or the IRS has notified me that I am no longer subject to backup withholding.
- c. The Payee is a U.S. person.

Certification Instructions – DO NOT check item 2b if you have been notified by the IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return.

Note: If requirements on this form are not completed, we will not be able to process your request.

**Signatures**  
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Owner Name	Owner Signature	Date
Spouse Name	Spouse Signature	Date