



Annuity Withdrawal Form

Policy information

Policy #: _____ Owner Name: _____ Owner SSN: _____

Withdrawal Requested

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

SELECT ONE OPTION BELOW:

- 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

The first payment will be made on the 1st day of the month after the policy has been in force for at least one full month. The periodic interest amount may fluctuate according to the number of days in the period.

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: _____ Bank name: _____
 Bank Routing #: _____ Account #: _____ Checking Savings
 I want to receive distributions by check to the owner's address on the policy

Tax Withholding & Certification

- 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 _____

I certify that:

- The number shown on this form is my correct taxpayer identification number
- 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
- The Payee is a U.S. person

Owner Name	Owner Signature	Date
Spouse Name	Spouse Signature	Date