

AUTHORIZATION FOR FIXED INDEXED ANNUITY WITHDRAWAL



Contract Number: _____ Contract Owner: _____

This form does not apply for withdrawals requested under the Lifetime Withdrawal Rider: If your contract contains a Lifetime Withdrawal Rider, withdrawals that are not taken as defined in that Rider will be considered **Excess Withdrawals** and will adversely impact future benefits under the Rider.

IMPORTANT NOTICE: Reallocations CANNOT be done after a withdrawal has occurred after a policy anniversary. If you are in a reallocation window (within 10 business days after the anniversary date), please submit any requests for reallocation before taking a withdrawal.

I authorize a partial withdrawal from my Annuity Contract equal to: (Select One)

- 10% of the previous year's account balance / or the penalty free amount under my Contract.
- Gross \$ _____
- Net \$ _____

All withdrawals will be on a pro-rata basis unless otherwise directed.

ROTH IRA ONLY – Have 5 years passed since the year for which You made Your first regular or conversion contribution to any ROTH IRA (including ROTH IRAs with any other financial Organization)? Yes No

IMPORTANT TAXPAYER INFORMATION

I understand that if there is a reportable distribution due to the withdrawal, it will be reported to the Internal Revenue Service (IRS) for the calendar year the withdrawal is made. Unless waived by me, if there is a reportable distribution, it will have income tax withheld at a flat rate of 10%. If I am under the age of 59½, an IRS Federal Excise Tax may apply to the withdrawal. State income tax withholding is mandatory in CT and DC, and mandatory if younger than age 59½ in MS and NE. State income tax may not be withheld in AK, FL, HI, NH, NV, SD, TN, TX, WA, and WY. Otherwise, state income tax withholding is voluntary with the following exceptions: mandatory with federal in DE, IA, ME, MA, and OK; mandatory with federal unless waived in CA and NC, and mandatory unless waived in AR, KS, MI, OR, and VT. I further understand that even if I elect not to have Federal Income Tax withheld, any reportable distribution will be reported to the IRS.

TAX WITHHOLDING ELECTION (Please Check)

- I do **NOT** elect to have taxes withheld from my payments.
- I **DO** elect to have **federal** income taxes withheld in the amount of \$ _____ or percentage of ____%.
- I **DO** elect to have **state** income taxes withheld in the amount of \$ _____ or percentage of ____%.

NOTE: TAX AUTOMATICALLY WITHHELD IF WITHHOLDING OPTION NOT ELECTED

The following statement is required by the IRS:

Under penalty of perjury, I certify that the number shown on this form is my correct social security or taxpayer ID number and I am not subject to back-up withholding. I certify that I am not under guardianship, nor have I made any assignment, pledge, or executed any document affecting ownership or right to any monies due or to become due under this contract, and further that no proceedings in bankruptcy are pending to which I am a party.

Contract Number: _____ **Contract Owner:** _____



Release of Interest: Required if owner lives in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, and WI).

I, _____, spouse/former spouse of the above-mentioned owner, release all rights, title, and interest which I may have in this policy now or in the future, by virtue of the Community Property Laws of the State of _____.

Signature of Spouse/Former Spouse

Date

This form dated at _____ on the ____ day of _____, 20____.
City/State

Signature of Owner (if Joint – both must sign)

Owner's Social Security Number or
Taxpayer ID Number

(_____)_____
Owner's Telephone Number

Signature of Joint Owner(s)

Joint Owner's Social Security Number or
Taxpayer ID Number

(_____)_____
Joint Owner's Telephone Number

Signature of Witness*

(_____)_____
Telephone Number of Witness

Owner's E-mail Address (if available)

***All forms require a witness signature of an adult that is not the spouse, beneficiary, owner, or newly named owner of the policy.**