

FIXED INDEXED ANNUITY - ANNUITIZATION REQUEST

This form is not applicable for activating any available Lifetime Income Withdrawal



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

I authorize the value of this Contract to be paid in the form of a monthly annuity benefit. I understand that surrender charges may apply.

I understand that once annuitized, no additional withdrawals are available, and any applicable Lifetime Withdrawal Rider will terminate.

BENEFIT OPTION ELECTED: (Select one) **Please note - once a payment election is processed, there can be NO changes in the payment period.**

- a. **Certain Period Only** (Level Payments) for _____ **Months:**
Pays monthly income payments for a set period of time only
- b. **Life Annuity Payments with Period of _____ Months-Certain:** (Guaranteed)
Pays monthly income payments for as long as the Annuitant lives, with the payments guaranteed for a certain period
- c. **Life-Only:** (Max Age 70) Pays monthly income payments for the life of the Annuitant only
- d. **Monthly Payments Structured to Meet the Requirements of an IRC 72t Distribution**
- e. **Joint and Survivor* _____ Guarantee Period**
*If electing Joint and Survivor Payment Option please complete:

_____ *Name of Spouse _____ Social Security Number _____ Date of Birth _____ Gender

PAYMENT:

The monthly annuity benefit is to be made payable to:

Owner **Other** _____ Relationship _____
Must be an Adult Family Member

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 TAX AUTOMATICALLY WITHHELD IF WITHHOLDING OPTION NOT ELECTED

- 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 ____%.



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BENEFICIARY DESIGNATION: Beneficiary of any remaining payments as a result of the death of the Annuitant shall be: (Unless otherwise noted, if more than one Beneficiary is named, we will assume all Beneficiaries are to share equally. If there are more than two (2) Beneficiaries, please attach a second page.)

1) _____
 2) _____
 Name Relationship Date of Birth Percentage

CONTINGENT/SECONDARY BENEFICIARY: (if Primary Beneficiary pre-deceases Contract Annuitant)

1) _____
 2) _____
 Name Relationship Date of Birth Percentage

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.

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.**