

## Income Rider Withdrawal and Service Request

Mail or fax completed form to: 317.574.2048



### INSTRUCTIONS

Use this form to start, suspend or reactivate payments under the Income Rider on Your Contract or to terminate your Income Rider.

#### 1. OWNER INFORMATION

Individual, Trustee or Company Name				
If Trust, list Trust Name and Trust Date			Email Address	
Contract Number			Is this an Address Change? Y N	
Mailing Address	City	State	Zip	Country
Street Address ( <b>REQUIRED</b> if mailing address is a PO Box)	City	State	Zip	Country
Social Security	Date of Birth (mm/dd/yyyy)		Personal Phone Number ( ) -	

#### 2. START PAYMENTS – By completing this section You are authorizing the Company to begin distribution of Your Lifetime Withdrawal Rider Benefits.

**PAYMENT OPTIONS:** Select from the following options.

**NOTE:** By electing to receive Lifetime Income Benefits, pursuant to the terms of Your Contract, Your Income Base will continue to be credited with additional interest, however it will be decreased by any Withdrawals.

<b>Amount:</b> ( <b>MUST</b> select one)	<input type="checkbox"/> Maximum Lifetime Available
	<input type="checkbox"/> Specified Gross Amount \$_____ Provide amount – not to exceed Maximum Available
<b>Based on:</b> ( <b>MUST</b> select one: Single Life or Joint Life Payout)	<input type="checkbox"/> Single Life – <b>NOTE:</b> If your contract currently has Joint Annuitants, please list which covered person the payments will be based on:  Spouse Name: _____ Spouse Date of Birth (mm/dd/yyyy): _____
	<input type="checkbox"/> Joint Life – <b>NOTE:</b> If your contract currently has Joint Annuitants, please list which covered person the payments will be based on:  Spouse Name: _____ Spouse Date of Birth (mm/dd/yyyy): _____

Contract Number: \_\_\_\_\_ Contract Owner: \_\_\_\_\_



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2. **START PAYMENTS** (Continued from Page 1)

**PAYMENT OPTIONS:** Select from the following options.

Frequency:	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly
	Start my payments on _____ / _____ / _____ (mm/dd/yyyy)	
	<i>(Not all dates are available for all Contracts. If Your desired payment date is not available, we will set Your payment to the next available date. Requests for payment after the 28th of the month will be paid on the 28th.)</i>	

**DIRECT DEPOSIT / ELECTRONIC FUNDS TRANSFER (EFT):** To provide faster access to Your money, we will deposit Your money directly into Your bank account using electronic funds transfer (EFT). Provide the following information:

<b>Account Name</b> (as it appears on the account)	
<b>Bank Name</b>	
<b>Routing Number</b> (Bottom left of check – 9 digits)	
<b>Account Number (Bottom center of check):</b>	
<b>Type of Account:</b> (Your name must appear on the account in order to process your request)	<input type="checkbox"/> Checking – Attach a voided check for the listed account <input type="checkbox"/> Savings

**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 voluntary with the following exceptions: State Income Tax may not be withheld in AK, FL, NH, NV, SD, TN, TX, WA, WY. State Income Tax withholding is mandatory in CT, State withholding is mandatory if Federal Tax is withheld in DC, DE, GA, IA, KS, MA, ME, NC, NE, OK, VA, VT. In the following, State Income Tax is mandatory if Federal Tax is withheld, however you may opt-out in the following states by entering "None" in the State Income Tax section: AR, CA, OR. 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: amount \$ \_\_\_\_\_ or percentage of \_\_\_\_\_%.
- I **DO** elect to have **state** income taxes withheld: amount \$ \_\_\_\_\_ or percentage of \_\_\_\_\_%.

3. **SUSPEND PAYMENTS – By completing this section You are authorizing the Company to stop the Lifetime Withdrawal Rider Benefits.**

Suspend my current payments: (Choose one of the following options)

- Immediately
- Effective \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

**NOTE:** You may suspend your Lifetime Income Withdrawals at any time using this form or by submitting a written request. If payments are suspended, they may not be restarted until the next contract anniversary or later.

Clear Spring Life and Annuity DBA: Clear Spring Life and Annuity Insurance Company in California



Contract Number: \_\_\_\_\_ Contract Owner: \_\_\_\_\_

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**4. REACTIVATE PAYMENTS – By completing this section You are authorizing the Company to begin sending Lifetime Withdrawal Rider Benefits to You once again.**

Please reactivate my payments: (Choose one of the following options)

- At next contract anniversary
- Other Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy – Must be later than next contract anniversary)

**5. TERMINATION OF RIDER**

- I wish to terminate the Income Rider from my Contract effective immediately.

**NOTE:** The Income Rider can only be terminated under the terms specified in Your Income Rider Contract. Once the Income Rider has been terminated, you may NOT re-elect it and it cannot be reinstated by the Company. There will be no further payments made or premium due for the rider once it is terminated.

**6. YOUR CONFIRMATION**

**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.**

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