Individual Annuity Withdrawal Request
Form #: 10337RMP

Regular Mail	**Overnight Delivery**	**Fax**: 513.794.4730
AuguStar Financial	AuguStar Financial	**Email**: documentcenter@augustarfinancial.com
P.O. Box 5308	4526 Cornell Rd	**Phone**: 888.925.6446
Cincinnati, OH 45201-5308	Blue Ash, OH 45241	**Website**: augustarfinancial.com

Individual Annuity Withdrawal Request

Annuity Contract Number: _____

Annuitant Name: _____ **Owner Name:** _____

How to use the Withdrawal Request Form

This form should be used to withdraw funds from your existing annuity contract.

Step 1: Complete the **Owner Information** section
Step 2: Read and complete the section appropriate to your request. **You will only complete one of the four following sections**:
- Section 2: Complete if you want to establish a **systematic withdrawal**
- Section 3: Complete if you want to begin **RMDs**
- Section 4: Complete if you want to take a **partial withdrawal**
- Section 5: Complete if you want to **surrender** the contract (take a full withdrawal)

Step 3: Read and complete the **Tax Withholding Options** section
Step 4: Read and complete the **Payment Delivery Methods** section
Step 5: Sign and date the form in Section 11. **Note:** depending on certain elections, a signature guarantee may be required.

Section 1: Owner Information – Must Complete

Owner Name: _____ SSN/TIN: _____

Joint Owner Name (if applicable): _____ Joint Owner SSN: _____

Owner E-mail Address: _____ Owner Phone Number: _____

Section 2: Systematic Withdrawals

Only complete this section if you intend to establish **Systematic Withdrawals** from your annuity contract. Select **only one** of the 5 options listed below. **Refer to your contract or speak to your financial professional if you have a rider that guarantees certain benefits. An excess withdrawal will negatively impact those benefits.** Systematic withdrawals are only eligible for payment via Electronic Fund Transfer or check. If electing payment via check, the minimum check amount must be met. Systematic withdrawals that exceed the free withdrawal amount as defined by your contract may be subject to surrender charges. Please refer to your contract for details.

☐ Option 1: **Amount to be based on rider**: the payout amount will default to the amount available under the income/living benefit rider, divided by the selected payout frequency. If your contract does not include a living benefit rider, but does include a death benefit rider, the withdrawal amount will be based on the elected death benefit. **NOTE:** this calculation may negatively affect any additional riders which offer a lower available income.

☐ Option 2: **Free Withdrawal Amount**: this is the amount that can be withdrawn with no surrender penalties.

☐ Option 3: **Interest (Fixed Annuity Contract ONLY)**

Systematic Withdrawal Options continue on page 2.

☐ Option 4: **Percent:** _____% of contract value.

Select **one** option below to indicate the date the percentage should be based upon:

☐ Day the transaction is processed ☐ Specific date listed here: _____

☐ Option 5: **Dollar amount:** $_____

Frequency (one must be selected)**:**

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Payment Schedule:

☐ As soon as possible

☐ Begin payments on: _____. The date selected can be no later than the 28th of the month.

(Include day, month and year.)

Section 3: Required Minimum Distribution (RMD)

Completing this section supersedes any previous systematic withdrawal request and the previously established systematic withdrawal will be terminated. RMDs are only eligible for payment via Electronic Fund Transfer or check. If electing payment via check, the minimum check amount must be met. RMDs that exceed the free withdrawal amount as defined by your contract may be subject to surrender charges. Please refer to your contract for details.

Select **only** option 1 or option 2.

☐ Option 1: **Required Minimum Distribution (RMD)**:

Please select one of the following:

☐ **Single Life Expectancy:** I have/will have obtained the required age as defined by the Internal Revenue Code by the end of the calendar year in which I am requesting this withdrawal.

☐ **Joint Life Expectancy with Designated Beneficiary:** Applicable only if the spouse is the beneficiary and is more than 10 years younger.

Beneficiary Name: _____ Beneficiary Date of Birth: _____

☐ Option 2: **Inherited Required Minimum Distribution (RMD)**: required for qualified and non-qualified stretch contracts and on non-Roth 10-Year Continuations if the Annuitant has reached the Required Beginning Date for RMDs prior to death.

Date of death of the original annuitant was: _____

Note: If there are multiple beneficiaries, the calculation will be based on the age and life expectancy of the oldest beneficiary.

December 31 Value

If your contract was issued within the calendar year the payout is to begin, please provide the prior contract's year-end fair market value.

☐ December 31 Prior Year Value: _____

Frequency (one must be selected)**:**

☐ Monthly: the remaining RMD amount will be divided equally over the remaining months in the calendar year.

☐ Annually

Payment Schedule:

☐ As soon as possible

☐ Begin payments on: _____. The date selected can be no later than the 28th of the month.

(Include day, month and year.)

Section 4: Partial Withdrawal

Only complete this section if you intend to make a **partial** withdrawal from your annuity contract. If you intend to surrender your contract (take a full withdrawal,) do not complete this section. Select **only one** of the 7 options listed below. AuguStar will prorate the withdrawal amount from all investment or index options proportionately to the allocations of the contract. If you would prefer to withdraw an amount from specific investment or index options, please submit a letter of instruction signed and dated the same date as this form. **Refer to your contract or speak to your financial professional if you have a rider that guarantees certain benefits. An excess withdrawal may impact those benefits.**

☐ Option 1: **Partial withdrawal of a specific dollar amount (Provide an amount under Gross or Net):**
If you elect to withdraw a specific dollar amount from your contract, certain contract charges and taxes may be deducted from your proceeds. Please complete the appropriate choice below:

Gross $_____
(You will receive less than the amount indicated, but under this choice, we will only deduct taxes from the gross amount requested. Contract charges, if applicable, will be deducted from the value remaining in your contract.)

Net $_____
(The amount indicated will be the total amount you receive. The amount withdrawn from your contract may be greater than the amount you receive to account for applicable taxes and/or contract fees.)

The amount requested is for a Direct IRA Rollover $_____
Please see the **Important Tax Information** section on page 4 of this form for information on IRS regulations related to IRA rollovers. State replacement requirements may still apply. We are unable to send rollover funds to the address of record. Applicable contract charges will be deducted from the value remaining in your contract. If the amount requested plus contract charges would exceed your total contract balance, you will need to complete a new form requesting a full surrender.

☐ Option 2: **Partial withdrawal of the amount available based on the elected rider.**
NOTE: The rider withdrawal will be based on the maximum remaining allowable amount under the rider. If your contract does not include a living benefit rider, but does include a death benefit rider, the withdrawal amount will be based on the elected death benefit. This withdrawal may negatively impact any additional riders which offer a lower available income.

☐ Option 3: **Partial withdrawal of the annual free withdrawal amount available without surrender charges**.

☐ Option 4: **Partial withdrawal of all premiums currently not subject to surrender charges.**
NOTE: If this option is selected and not applicable because all the premiums are subject to surrender charges, then the annual free amount will be processed.

☐ Option 5: **Partial withdrawal of a percentage of the contract value:** _____%.
NOTE: The amount of the withdrawal will be based on the contract value on the date that the partial withdrawal is processed.

☐ Option 6: **One-time withdrawal of my Required Minimum Distribution (RMD) as calculated by AuguStar.**
NOTE: If your contract was issued within the calendar year, please provide the prior contract's year-end fair market value below.

December 31st Prior Year Value: _____

☐ Option 7 (For Fixed or Indexed Annuities **ONLY**)**: Partial withdrawal of all the interest accrued to the contract.**
NOTE: If the accrued interest is greater than the free withdrawal amount available, then surrender charges may apply. Please select whether you want to withdraw the interest accrued to the current contract year or since date of purchase.

☐ Interest accrued in current contract year ☐ Interest accrued since date of purchase

Reason for Request (Optional): _____

Section 5: Full Surrender

Complete this section if you intend to surrender your annuity contract (take a full withdrawal.) Selecting either option below will terminate any applicable benefits and riders within the contract. Please be aware that a full surrender may be subject to surrender charges. In addition to any applicable surrender charges, there may also be additional rider or contract fees deducted from the final surrender amount. Please refer to your contract for specific charges associated with the termination of your contract. This may be a taxable event.

☐ Option 1: **Fully surrender the contract.**

☐ Option 2: **Fully surrender the contract for a Direct IRA Rollover.**
Please see the **Important Tax Information** section below for information on IRS regulations related to IRA rollovers. State replacement requirements may still apply. We are unable to send rollover funds to the address of record. We will reduce net proceeds by the amount of any applicable contract charges.

Reason for Surrender (Optional): _____

Section 6: Important Tax Information

Regarding direct transfers, we must receive the transfer paperwork and a signed Letter of Acceptance from the receiving company; otherwise, we will withhold taxes. If a partial or full withdrawal is sent to you directly, we will treat the withdrawal as a taxable and reportable event.
You may not make more than one non-taxable indirect rollover from one IRA to another within each twelve-month period. You must complete an indirect rollover within 60 days of receiving the withdrawal, which applies to all types of IRAs including SEP, SIMPLE and Roth IRAs. By signing this form and instructing AuguStar to distribute funds as a non-taxable rollover, you are representing that you have not received a distribution from any other IRA in the preceding one-year period that was rolled over into an IRA.
You are liable for payment of federal and state income tax on any taxable portion of the requested payment and could be subject to tax penalties under the estimated tax payment rules if payments are inadequate and/or if early withdrawal penalties apply.

Tax withholding for non-U.S. Citizens
Withdrawals to a non-U.S. citizen may be subject to 30% federal income tax withholding of the taxable amount of the withdrawal. If your tax residence is in a country that has a tax treaty with the U.S. that provides exemption or a reduced withholding rate, please submit the IRS W-8BEN Form with this request.

Section 7: Tax Withholding Options – Must Complete

Federal Tax Withholding Options
If you do not select an option below, we are required to withhold 10% of the taxable amount (20% if taking an eligible rollover distribution).
☐ I **DO NOT** want to have federal income tax withheld from my withdrawal.

☐ I **DO** want to have_____% or $_____ federal income tax withheld from my withdrawal (must be less than 100%).

State Tax Withholding Options
We will withhold state income tax on the taxable amount if: (1) you specifically request that we do so on this form and we are able to do so for your state; or (2) we are required to do so under state law. For states that require mandatory withholding, we will withhold the mandatory amount unless you request a higher amount. Please consult with your tax advisor for information regarding your resident state's specific withholding requirements.
☐ I **DO NOT** want to have state income tax withheld from my withdrawal.

☐ I **DO** want to have_____% or $_____ state income tax withheld from my withdrawal.

Other federal or state withholding rules may apply to your withdrawal.
The withdrawal(s) you receive may be subject to federal income tax withholding unless you are eligible to elect out of withholding by completing the withholding election above. **Your withholding election will remain in effect until you revoke it.** It is important that we receive your correct SSN/TIN, if we do not, then we will be required to withhold at least 10% for federal income tax withholding. If you have questions regarding mandatory tax withholding or to make any changes to your tax withholding election, please call Annuity Customer Service at **888.925.6446**.

Section 8: Payment Delivery Method – Must Complete

AuguStar is only able to make withdrawals payable for the benefit of the contract owner(s). Withdrawals cannot be made payable to a third party and likewise cannot be sent to a bank account in the name of a third party. **If the address of record has been changed within the last 30 days, we require a notary signature or medallion signature guarantee on Page 7.**

Select **only one** of the 5 options below:

☐ Option 1 (Default option)**: Mail check via regular mail to Owner(s) address of record.**

☐ Check this box for **Overnight Delivery Services.** A $20 fee will apply. Not applicable for Systematic Withdrawals.

☐ Option 2**: Mail check via regular mail to alternate address.**

NOTE: If check is made payable to Owner(s) and sent to an address not on file, we will require a medallion signature guarantee or notary signature on Page 7.

Alternate mailing address information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

☐ Check this box for **Overnight Delivery Services.** A $20 fee will apply. Not applicable for Systematic Withdrawals.

☐ Option 3**: Mail Check Payable to a Brokerage Firm for my benefit**

NOTE: Must provide notary signature or medallion signature on page 5 and must be for a non-qualified contract.

Brokerage Firm: _____ Brokerage Account #: _____

Alternate Address: _____

☐ Option 4**: Wire Transfer** (There is a $25 fee to wire funds, and your financial institution may charge a fee for incoming wire transfers.) This option is **not** available for Systematic Withdrawals or RMDs.

NOTE: If selected, the physical address and country of the owner receiving payment must be included. **P.O. Boxes will not be accepted.** If wiring to your personal bank account, please include a **voided check or a copy of a voided check.**

Wire Transfer address information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Payment Delivery Method continues on page 6

☐ Option 5: **Electronic Funds Transfer (EFT/ACH)**
As part of the EFT verification process, we utilize a third-party service. **If we are unable to verify your bank account information using this service, we will still process the requested withdrawal, but proceeds will be sent via check to the Owner's address of record.** We allow **10 business days** for delivery by regular mail before issuing any replacement checks. If you must receive the funds more quickly than regular mail time will accommodate, please utilize the Wire Transfer or Overnight check option. Contact Annuity Customer Service at **888.925.6446** for more information. A **voided check or a copy of a voided check** must be attached for us to process the withdrawal. There is a maximum **distribution limit of $50,000 for EFT.** Please note EFT may not be an option for a custodial-owned contract.

Additional Information Required for EFT/ACH or Wire Transfers
Type of account: ☐ Checking (please include a voided check) ☐ Savings (please attach a voided pre-encoded deposit slip)

Name of the Financial Institution

Telephone Number of the Financial Institution

Address of the Financial Institution

ABA/Transit Routing Number

Account Number

Name(s) as it/they appear on the Account

Section 9: Certification

The undersigned hereby consents to the provisions contained herein:

For credit to my/our account, all funds payable by AuguStar® Life Insurance Company (hereinafter referred to as AuguStar) represent payment from my/our contract referenced on page 1.

As it pertains to systematic withdrawal requests and RMDs, this authority is to remain in full force and effect until AuguStar has received notification via phone or mail at its home office in Cincinnati, OH, as indicated on page 1, from me/us of the termination of this request in such time and manner as to afford AuguStar and the receiving financial institution reasonable opportunity to act.

I/We understand that AuguStar is relying on the information that I/we provided on this form and further understand that AuguStar will not be liable for any losses or charges due to incorrect, outdated, or incomplete information that has been provided on this form.

I/We authorize the financial institution named above to reimburse AuguStar, from this or any other account I/we may hold in such institution, for any payment received by the financial institution to which I/we was/were not entitled due to death prior to the due date of the payment.

Section 10: Tax Certification

Under penalties of perjury, I certify all of the following:

1. The number shown on this form is my correct identification number (or I am waiting for a number to be issued to me,) and
2. I am not subject to backup withholding because: *(a)* I am exempt from backup withholding, or *(b)* I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or *(c)* the IRS has notified me that I am no longer subject to backup withholding, and
3. *a.* I am a U.S. citizen or U.S. resident alien, as indicated above, or
   b. A partnership, corporation, company or organization created or organized in the United States under laws of the United States, or
   c. An estate (other than a foreign estate,) or
   d. A domestic trust (as designed under Regulations section 301.7701-7,) and
4. I am exempt from FATCA reporting.

Section 11: Signatures – Must Complete

Owner* Signature** Date

Owner Name (print)

Joint Owner* Signature** (if applicable) Date

Joint Owner Name (print)

***Certification:** I/We hereby certify that I/we, the above-signed, am/are the Owner of this annuity contract or, if the contract is trust, custodial, corporate or partnership owned, I/we am/are an authorized signatory thereof and that this request is being submitted in my/our capacity as an authorized signatory of the trust, custodial account, corporation or partnership. I/We agree/s, for ourselves, and, if any, our subsidiaries, agents, employees and directors at all times to indemnify and hold harmless AuguStar, each of its subsidiaries, agents, employees and directors against any and all claims, liabilities, damages, demands, actions, controversies, charges, expenses and losses sustained or incurred by AuguStar's actions in making the change requested above and release the same from any liability arising from the execution of this transaction.

**If signing pursuant to a power-of-attorney, guardian, or conservator, you must indicate this after the signature (e.g. Attorney-in-Fact, Guardian, Conservator, etc.)

Section 12: Certification of Identity

Must be completed if requesting the withdrawal to be payable to Owner(s) and sent to an alternate address not on file or Brokerage Account for your benefit.

Medallion Signature Guarantee

☐ Medallion Signature Guarantee

☐ My signature is notarized below.

Notarization

State of: _____ County of: _____ Subscribed and sworn to before me this

_____ day of _____, 20_____.

I, the undersigned, a Notary Public in and for said County in the state aforesaid, Do Hereby Certify the person whose name is listed above, who is personally known to me, to be the same person who is the signer of this document and I acknowledge that he/she signed it.

_____ _____ (Affix seal here)

Notary Public Signature Date