



Request for Systematic Withdrawal from an Annuity

Please Print

Contract Number	Annuitant	Owner
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Section 1 – Program Election

I (We) wish to start a series of partial surrenders from the above-referenced annuity contract each year equal to the amount of:

- Amount to be based on rider¹ Free Withdrawal Amount² Interest (Fixed Contracts Only)
- _____ % \$ _____ (Per payout)

Systematic withdrawals that exceed the free amount as defined by your contract may be subject to a surrender (contingent deferred sales) charge. Please refer to your contract for specific charges and limitations.

¹ Payout amount will be equal to the lowest maximum rider amount available divided by the frequency of payouts.

² Typically, 10% of the contract value as of the first surrender for the contract year less all previous amounts surrendered during the contract year. Please refer to your contract for further details.

Section 2 – Frequency of Payouts (must select one)

Please select one of the following options:

- Monthly Quarterly Semi-Annually Annually

Section 3 – Payment Schedule

- As soon as possible
- Please begin my payment on: ____ / ____ / ____ (please note, monthly payouts cannot occur after the 28th of the month)

Section 4 - Taxation

Federal Taxation: If you do not select an option below, we are required to withhold at least 10% of the taxable amount.

- I **DO NOT** want to have federal income tax withheld from my withdrawal.
- I **DO** want to have _____ % federal income tax withheld from my withdrawal (must be less than 100%).

State Taxation: 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. If you have questions regarding mandatory state withholding, please contact our Annuity Product Specialists at 888.925.6446.

- I **DO NOT** want to have state income tax withheld from my withdrawal.
- I **DO** want to have _____ % state income tax withheld from my withdrawal.

Other federal or state withholding rules may apply to your withdrawal.

I understand that I am 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.

Please note: This form supersedes any previous systematic withdrawal/automatic distribution request. Any previously established automatic withdrawal will be terminated.

PLEASE COMPLETE BOTH PAGES OF THIS FORM AND SIGN

