



AuguStarSM Life Insurance Company
AuguStarSM Life Assurance Corporation

**Individual Annuity Contract Change
Request – Partial Withdrawal**
FORM #: V-4619.3-B

Regular Mail

AuguStar Financial
P.O. Box 5308
Cincinnati, OH 45201-5308

Overnight Delivery

AuguStar Financial
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Blue Ash, OH 45241

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Phone: 888.925.6446

Website: augustarfinancial.com

Individual Annuity Contract Change Request – Partial Withdrawal

(For use completing a partial withdrawal on an existing annuity contract)

Annuity Contract Number	Annuitant	Owner
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Complete all sections.

Partial Surrender Options

NOTE: there may be limits to the minimum and maximum amounts allowed under your contract. Contract charges (e.g., surrender charges,) if applicable, are assessed against the remaining contract value and will not reduce the amount that you or your financial institution receive from the withdrawal request on this form. Please refer to your contract for further details.

Please select **one**:

- ☐ I request a partial withdrawal of \$ _____ (reduced by the amount of any applicable withholding.)
- ☐ I request a partial withdrawal of \$ _____ (net of any applicable withholding.)
- ☐ I request a partial withdrawal of the amount available **based on my rider¹**.
- ☐ I request a partial withdrawal of my **annual free amount²** available without contract charges.
- ☐ I request a partial withdrawal of a percentage of my contract value _____ %³
- ☐ I request a withdrawal of all premiums currently not subject to contract charges.⁴
- ☐ I request a one-time withdrawal of my Required Minimum Distribution (RMD) \$ _____

¹Rider withdrawal will be based on the maximum remaining allowable under the rider. Please note, if more than one rider exists on this contract, the withdrawal will be based on the lower maximum rider withdrawal amount.

²Typically, 10% of the contract value on the date of the first withdrawal less any withdrawal taken in that contract year. Please refer to your contract for further details.

³The amount of the withdrawal will be based on the contract value on the date that the partial withdrawal is processed.

⁴If premiums currently not subject to surrender penalty is selected, but does not apply, then the annual free amount will be processed.

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 Customer Service 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 and/or if early withdrawal penalties apply. For taxable qualified plan withdrawals, required federal withholding may exceed 10%.

Payment Instructions

(If not completed, the check will be sent to the address of record)

NOTE: AuguStar is only able to make distributions payable for the benefit of the contract owner(s). Distributions cannot be made payable to a third party and likewise cannot be sent to a bank account in the name of a third party.

Select **one**:

- ☐ **Check** (unless otherwise indicated, checks will be sent via regular mail. For overnight, see below.)
Note: If selected as the payment method and left blank, the check will be mailed to the address of record.
Mailing Address for the Check:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

- ☐ **Wire Transfer** (There is a \$25 fee to wire funds, and your financial institution may charge a fee for incoming wire transfers)
Note: If a wire is selected, the full 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.**

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

- ☐ **Overnight Check** (There is a \$20 fee to overnight funds. This process takes three business days to receive the check once the request has been processed.)

- ☐ **Electronic Funds Transfer (EFT)** - Please complete the agreement below. As part of your 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 to the owner's address of record.** If you must receive withdrawal proceeds 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.

EFT Election continued on page 3.

Note:

- A **voided check or a copy of a voided check** must be attached in order for us to process the withdrawal.
- There is a maximum **distribution limit of \$50,000 for EFT.**

Electronic Funds Transfer information:

☐ I elect to have my systematic withdrawal directly deposited to my checking or savings account via EFT. You are hereby authorized and directed to pay to:*

Type of account: ☐ Checking (please attach a voided check) ☐ Savings (please attach a voided pre-encoded deposit slip)

Additional Information Required for EFT or Wire

Name of the Financial Institution	Account Number
ABA/Transit Routing Number	Name(s) as it appears on the Account
Address of the Financial Institution	Telephone Number of Financial Institution

We utilize a third-party verification service as part of our validation process.

NOTE: If EFT of wire is not elected, a check will be mailed to the owner's address of record, unless an alternate address is provided. Please note EFT may not be an option for a custodial- owned contract.

Additional Instructions (Optional)

Please use this section to note any additional information or instructions regarding the withdrawal.

For credit to my/our account, all funds payable by The AuguStarSM Life Insurance Company or AuguStarSM Life Assurance Corporation (hereafter referred to as AuguStarSM) represent payment from my/our contract referenced above.

I/We authorize the Financial Institution named above to reimburse AuguStarSM, 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.

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

Beginning in 2015, an individual may not make more than one non-taxable 60-day rollover from one IRA to another within each twelve month period. This limit applies to all types of IRAs including SEP, SIMPLE and Roth IRAs. By signing this form and instructing AuguStarSM 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.

Signature(s) required on page 4.

The undersigned hereby consents to the provisions contained herein:

Signature

Owner** Signature***

Date

Phone Number

Joint Owner** Signature*** (if applicable)

Date

Phone Number

Owner SSN****

*Payment must be made to the contract owner(s). AuguStarSM is unable to pay or direct deposit to a third-party account.

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

*****Certification:** I hereby certify that I, the above-signed, am the owner of this annuity contract or, if the contract is trust, custodial, corporate or partnership owned, that I am an authorized signatory thereof and that this request is being submitted in my capacity as an authorized signatory of the trust, custodial account, corporation or partnership. The above-signed hereby agrees, for ourselves, and, if any, our subsidiaries, agents, employees and directors at all times to indemnify and hold harmless the AuguStar Life Insurance Company, 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.

**** **Certification:** Under the penalties of perjury, I certify that the information provided on this form is true, correct, and complete. I have not been notified by the Internal Revenue Service that I am subject to withholding for underreporting under Section 3406 (a)(1)(c). I am a U.S. Citizen or a U.S. resident alien.