



AUTHORIZATION FORM

10% PENALTY FREE WITHDRAWAL

Contract Number: _____ Contract Owner: _____

I authorize a withdrawal from my annuity contract equal to 10% of the previous year's account balance.

I authorize a withdrawal from my annuity contract equal to _____%* or *\$ _____ of the previous year's account balance.

I authorize a withdrawal of my accumulated interest not to exceed 10% of the previous year's account balance.

*** Surrender Charge and Market Value Adjustment will apply if amount exceeds the greater of 10% or the Required Minimum Distribution**

As specified above, payment of interest earned will be paid by **Direct Deposit** credit entries to the account in the Banking Institution named below, and I authorize this Banking Institution to accept entries to the account. If funds to which I am not entitled are deposited to this account, I authorize you to direct the bank to return said funds. (Please attach a voided check providing the proper account information.)

Banking Institution: _____

Please specify account type: Checking Account Savings Account

Name on account: _____

Routing Number: _____

Account Number: _____

TAX WITHHOLDING ELECTION: Form W-4P/OMB No. 1545-0074

(Note: 10% Tax automatically withheld if withholding option not elected.)

I do **NOT** elect to have **federal** taxes withheld from my payments.

I do **NOT** elect to have **state** 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 _____ %

IMPORTANT TAXPAYER INFORMATION:

I understand 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. If I am under age 59 1/2, an IRS Federal Excise Tax may apply to the withdrawal. I understand that, due to State Regulations, the Company is required to withhold State Taxes regardless of the Federal election if I reside in CA, NC, OK, OR or GA. If I reside in DE, IA, KS, MA, ME, NE, or VT, the Company is required to withhold State Income Tax if Federal Income Tax is withheld. I further understand that even if I elect not to have Federal Income Tax withheld, any reportable distribution will be reported to the IRS.



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OWNER ACKNOWLEDGMENT: By signing below, I acknowledge full understanding of the follow-

- The amount available will be based on 10% of the previous contract anniversary account balance, minus any distributions from this contract, excluding any monthly interest which has previously been distributed using the Accumulated Interest Rider, since the last contract anniversary.
- If the policy was issued in a community property state, or if the owner currently lives in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), both spouses must sign the form.
 - If you do not provide us with your spouse's signature, please make notation of your current marital status.
 - In case of divorce, in order to ensure that spousal interest in community property has been protected, a copy of the relevant parts of the divorce decree is required (i.e., front page, signature page and any page referencing the annuity contract). If there is no mention of the annuity contract in the divorce decree, the former spouse must sign this request. If this is not possible, please contact our Customer Service Department.

I certify that I am not under guardianship, nor have I made any assignment, pledge or executed any document effecting 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. This authorization is to remain in full force and effect until written notification is received from me of its termination in such time and manner as to afford the Company a reasonable opportunity to act on it.

The following is required by the IRS: **UNDER PENALTY OF PERJURY, I CERTIFY THAT THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER ID NUMBER AND I AM NOT SUBJECT TO BACK-UP WITHHOLDING.**

This form dated at _____ on the _____ day of _____, 20____
City/State

Signature of Owner(s) (If joint both must sign)

Signature of Joint Owner

Owner's Social Security Number

Joint Owner's Social Security Number

Signature of Spouse (If community property state)

Owner's Telephone Number