

# Request for Disbursement / Systematic Withdrawal Form For Non-Qualified Annuities

## INSURER

Fidelity and Guaranty Life Insurance Company

Americom Life and Annuity Insurance Company

Service Center:

Service Center:

PO Box 81497 • Lincoln, NE 68501-1497

PO Box 82337 • Lincoln NE 68501-1497

421 South 9<sup>th</sup> Street #222 • Lincoln, NE 68508-2245

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800-638-2255 • Fax: 402-328-2266

866-746-2624 • Fax: 402-328-2258

Policy Number	Owner / Annuitant	Phone Number	
Owner's Address - Street		City	State      Zip

Check if new address

Payment requests will be mailed to the owner unless alternative instructions are shown here. If jointly owned, a check will be made payable to both owners but will be mailed to the first owner's address.

Alternate Payee Name and Address

Federal Express:  No     Yes: Account Number \_\_\_\_\_

If you have questions regarding this form, please call the Service Center.

What would you like to do?

**PARTIAL SURRENDER**  
Complete Sections 1, 5 and 6

**FULL SURRENDER**  
Complete Sections 2, 4, 5 and 6

**SYSTEMATIC WITHDRAWAL REQUEST** Complete Sections 3, 5 and 6

### SECTION 1 – When this section complete, please proceed to Section 5

**PARTIAL SURRENDER** – Do not return policy with this request form.

Please select one box:

- Maximum partial surrender
- Partial surrender of \$ \_\_\_\_\_
- Maximum available "penalty free" partial surrender (if applicable)

Please select one box:

- I request the **gross** amount of the selection above. (Amount will be decreased by any applicable deductions)
- I request the **net** amount of the selection above. (Amount will be increased by any applicable deductions)

This partial surrender is to be in accordance with and is subject to the provisions of the policy. **Please proceed to Section 5.**

### SECTION 2 – When this section complete, please proceed to Section 5

**FULL SURRENDER**

Please return policy with this request form. If policy is lost, please completed Section 4 of this form, then complete Section 5.

I hereby request the present cash surrender value of my policy listed above. I understand that surrender charges may be applicable.

Your proceeds from F&G Life will be placed in an F&G Life Asset Account established in your name. Your money will earn a Competitive rate of interest in a money market account and you will receive a checkbook for the account. The F&G Life Asset Account is not available in Arkansas, Kansas, Nevada, North Carolina and North Dakota.

If you are a Florida resident, please check here to opt out of the F&G Life Asset Account and receive a check.

Except for payment of the surrender value less any indebtedness to the Company under this policy, the Company is hereby released from all liability under this policy. **If policy is lost, please complete Section 4 of this form, then complete Section 5. Otherwise, please proceed to Section 5.**

### SECTION 3 – When this section complete, please proceed to Section 5

**SYSTEMATIC WITHDRAWAL REQUEST  
PAYMENT INFORMATION**

Payment Amount – please select one box: *(Shown on Top of Page 2)*

Fidelity and Guaranty Life Insurance Company Baltimore, MD • Americom Life and Annuity Insurance Company Houston, TX

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INTEREST ONLY – each payment is equal to the amount of interest credited to the policy during the prior modal period (for example, a monthly payment would consist of interest credited to the account value during the preceding month.) If this option is selected, the payment amount will vary based on the interest rate credited on the account value and the number of days in the modal period.

SPECIFIC DOLLAR AMOUNT – I hereby request payments of \$ \_\_\_\_\_  
If payment exceeds the free withdrawal amount specified in your policy, the withdrawal will be subject to applicable surrender charges.

Please select one box:

- I request the **gross** amount of the selection above. (Amount will be decreased by any applicable deductions)  
 I request the **net** amount of the selection above. (Amount will be increased by any applicable deductions)

**Payment Frequency\* - Please select one box:**  Monthly  Quarterly  Semiannual  Annual

**Payment Start Date:**  Immediately  Other \_\_\_\_\_

Note: First payment must be at least one payment mode after policy issue date.

**Payment End Date (optional):** \_\_\_\_\_

Note: If not specified, payments will continue until you notify us that you wish payments to stop.

**Method of Distribution:**

- Check  
 Electronic Funds Transfer – If Electronic Funds Transfer is selected, indicate account information below:  
 Checking Account (Please include voided check with this form)  
 Savings Account (Please include deposit slip with this form)

**Proceed to Section 5**

**SECTION 4 – When this section complete, please proceed to Section 5**

**LOST POLICY CERTIFICATION**

By checking this box, I hereby represent that the above referenced policy has been lost, mislaid or destroyed, as I have been unable to find it after careful search and inquiry. By my signature below, I agree to hold the Company harmless from all loss, expense and liability for which the Company may become liable as a direct or indirect result of its act of accepting this transaction without requiring the return of the policy. If the policy or any interest thereon has at any time been assigned, transferred or pledged to any person, company or corporation, the undersigned hereby attaches a copy of the assignment or states that the date thereof is \_\_\_\_\_, that the assignment is (absolute or collateral) and the full particulars are as follows:

**Proceed to Section 5**

**SECTION 5 – NOTICE OF WITHHOLDING OF FEDERAL TAXES AND TAX I.D. CERTIFICATION**

**Please read the following notice and sign below:** *(Signature Required in Section 6)*

The Internal Revenue Service of the Department of the Treasury requires the Company to automatically withhold a maximum of 30% of taxable interest, annuity income payments and certain other payments if the taxpayer fails to complete the certification below or is subject to backup withholding under the Internal Revenue Code.

There are also additional penalties that may be imposed by the Internal Revenue Service for failure to furnish the information requested below:

A. The Owner's Taxpayer Identification Number (Social Security Number) is: \_\_\_\_\_  
The Owner's date of birth is: \_\_\_\_\_  
The Joint Owner's Taxpayer Identification Number (Social Security Number) is: \_\_\_\_\_  
The Joint Owner's date of birth is: \_\_\_\_\_

B. Check the following boxes if applicable:

- The Owner is subject to backup withholding under the provisions of Section 3405(a)(1)(c) of the Internal Revenue Code.  
 The Joint Owner is subject to backup withholding under the provisions of Section 3405(a)(1)(c) of the Internal Revenue Code.

**(NOTE: You are not subject to backup withholding unless you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding.)**

C. If this transaction results in a taxable event, do you wish to have the appropriate Federal income tax (State tax where applicable) amount withheld from this distribution? Certain states allow you to specify the amount of state withholding. If applicable, please specify the amount of state withholding desired here: \_\_\_\_\_)

I elect **not to** have Federal Income Tax (State tax where applicable) withheld from my payments.

I elect **to** have Federal Income Tax (State tax where applicable) withheld from my payments. \_\_\_\_\_ %

**NOTE: IF YOU DO NOT MAKE AN ELECTION REGARDING WITHHOLDING AND THERE IS A TAXABLE EVENT, WITHHOLDING WILL OCCUR AS REQUIRED BY LAW.**

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**FOR CALIFORNIA RESIDENTS ONLY** – In addition to the above for partial withdrawals and/or surrenders, the undersigned expressly waives all protection under California Civil Code 1542. It is the undersigned's intention to fully, finally, and forever settle and release the Company for all matters relating to the transaction(s) herein described. In furtherance of this intention, the release herein given shall be and remain in effect as full and complete notwithstanding the discovery or existence of any additional or different claims or facts.

*\*Not all policies are eligible for periodic payments.*


## SECTION 6 – CERTIFICATION

Under the penalties of perjury, I certify that the information provided on this form is true, accurate and complete.

\_\_\_\_\_  \_\_\_\_\_  
Date **Owner** (Taxpayer) (if corporately owned, include title)

\_\_\_\_\_  \_\_\_\_\_  
Date **Joint Owner** (Taxpayer) (if applicable)

\_\_\_\_\_ Assignee, if any \_\_\_\_\_ Other signatures (partners, joint owners, etc.)

\_\_\_\_\_  \_\_\_\_\_  
**Witness to all signatures** *(No Relation to Owner or Beneficiaries)* \_\_\_\_\_ If corporately owned, signature and title of 2nd corporate officer


\_\_\_\_\_ Irrevocable beneficiary, if any \_\_\_\_\_

## SECTION 7 – COMMUNITY PROPERTY STATES


If your policy was issued in one of the following resident States, please complete the additional information below:

- |                  |                   |                   |
|------------------|-------------------|-------------------|
| <b>Arizona</b>   | <b>California</b> | <b>Idaho</b>      |
| <b>Louisiana</b> | <b>Nevada</b>     | <b>New Mexico</b> |
| <b>Texas</b>     | <b>Washington</b> | <b>Wisconsin</b>  |

1. If you have **never been married**, please acknowledge by signing here:

\_\_\_\_\_  \_\_\_\_\_  
Signature Date

2. If you have **currently married**, your spouse can consent to the transaction by signing here:

\_\_\_\_\_  \_\_\_\_\_  
Spouse Signature Date


3. If your **spouse is deceased**, please attach a copy of the Death Certificate.

4. If you are **divorced**:

(A) and the policy was mentioned in the Divorce Decree or Property Settlement Agreement, please attach a certified copy of the document.

(B) and the policy was not mentioned directly or indirectly in the Decree or Property Settlement Agreement, it will be necessary for your ex-spouse to consent by signing here:

### Ex-spouse's Consent

\_\_\_\_\_  \_\_\_\_\_  
Ex-spouse Signature Date

Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that no such interest exists and assumes no responsibility for inquiry. The insured and/or policyowner signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

**NO AGENT IS AUTHORIZED TO ALTER THE TERMS OF THE CONTRACT OR BIND THE COMPANY.**

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