AmericanLife™

PARTIAL WITHDRAWAL / RMD ELECTION

Primary Owner Name	Contract Number
Mailing Address	Social Security Number of Primary Owner
City State Zip	Phone / Email
Joint Owner Name (if applicable)	Social Security number of Joint Owner (if applicable)

Withdrawals are subject to the terms and conditions of our contract. Withdrawal charges may apply. Please refer to your contract for specific details. Withdrawals may be taxable and, if taken prior to age 59 ½, a 10% penalty may also apply. Please consult your tax advisor prior to any withdrawal.

Gross Withdrawals: Amount withdrawn will be the requested amount **before** application of any surrender charge, market value adjustment, recovery amount (if applicable) or elected tax withholding.

Net Withdrawals: Amount withdrawn will be adjusted such that the check/EFT amount will be the requested amount **net** of any surrender charge, market value adjustment, recovery amount (if applicable) or elected tax withholding.

One-Time Withdrawal: ☐ Start Date _____ or ☐ Upon receipt (default)

☐ Gross Withdrawal $ _____ ☐ Net Withdrawal $ _____

☐ Maximum free withdrawal for the current contract year per contract provisions.

☐ Interest Only withdrawal (available for MYGA only)

☐ Required Minimum Distribution $ _____ (tax year) _____

☐ QCD (IRA & Current Tax Year Only) $ _____ OR ☐ RMD

501(c)3 Organization Name _____ Reference Number (if applicable) _____

Street Address _____

City, State, Zip Code _____

Recurring Withdrawal: Please complete **start date**, **frequency** and **withdrawal type**.

Start Date _____ (Please note a withdrawal cannot occur on your contract anniversary date.)

Frequency ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly

Withdrawal Type

☐ Maximum Free Withdrawal (***Available Annually Only***)

☐ Gross $ _____

☐ Net $ _____

☐ Required Minimum Distribution

☐ Interest only (available for MYGA only). Please note that the first withdrawal will include all interest earned to date.

Payment Method & Election of Withholding (please complete for all requests)

Pay via: ☐ Check ☐ EFT (If EFT, please complete the EFT instructions on page 3)

Tax Withholding Information

You must indicate if Federal/State income taxes should be withheld from your payment. State taxes will be withheld only if required by your state. Even if you elect not to have Federal/State income taxes withheld, you are liable for Federal/State income taxes on the taxable portion of your benefits. You may also be subject to tax penalties under the Estimated Tax Payment rules if your payments of estimated tax and withholding, if any, are not adequate.

If no election is made, 10% Federal income tax will be withheld.

Withhold Federal Taxes (select one) ☐ No ☐ Yes _____% (Minimum 10%)

Withhold State Taxes (select one) ☐ No ☐ Yes _____%

We will not withhold state taxes for residents of AK, FL, NV, NH, SD, TN, TX, WA, or WY.

Signature and Authorization

By signing below, I (we) authorize American Life & Security Corp. to act on the instructions provided.

Owner _____ Date _____

Joint Owner _____ Date _____

Spouse signature is required for residents of the following states: AZ, CA, ID, LA, NM, NV, TX, WA or WI

☐ No current spouse. Check this box if you do not have a spouse or if your spouse is deceased**.**

Spouse Name (printed)	Spouse Signature	Date

Additional Instructions

If signing as power of attorney or trustee, you must include POA or TTEE after your signature. A copy of the trust or POA document must be on file.

If making a partial withdrawal from your annuity for the purpose of a Section 1035 Exchange or Transfer, please contact your agent for form and document requirements.

If making a withdrawal from your IRA annuity for the purpose of a Qualified Charitable Distribution (QCD), a separate form will be required for each organization to whom you wish to make a donation.

Forms received more than 60 days from the signed date will not be accepted.

AmericanLife™

ELECTRONIC FUNDS TRANSFER (EFT) DEPOSIT AUTHORIZATION

OWNER NAME			CONTRACT NUMBER
First	MI	Last	

ACCOUNTHOLDER INFORMATION (PLEASE PRINT):	BANK OR CREDIT UNION INFORMATION:
Accountholder Name First MI Last	Bank or Credit Union Name
Address	Address
City State Zip	City State Zip
Phone	Phone
Account Type ☐ Checking Account ☐ Savings Account	Account Number: _____ Bank Routing Number: _____ (the 9-digit number at the bottom of your check)

TAPE VOIDED CHECK HERE

If you are using a checking account, you MUST tape ONLY a voided check here.
If you are using a savings account, you MUST tape ONLY a voided deposit ticket here.
DO NOT attach both. This will ensure accuracy in processing your request.
If you do not have a voided check, please attach a letter from your financial institution confirming the routing number and account number.

Thank you.

AUTHORIZATION:

I authorize the Company to deposit any funds payable to me via electronic funds transfer.

_____ _____
Accountholder / Authorized Signature Date

_____ _____
Accountholder / Authorized Signature Date