



REQUEST FOR WITHDRAWAL

Contract Number _____

Owner Name _____

Joint Owner Name _____

A withdrawal charge may be incurred if you choose to make a withdrawal. Withdrawal charges are subject to the conditions of your contract. Please refer to your contract for specifics. As with most financial transactions, withdrawal may have tax implications. We advise that you seek tax advice prior to any withdrawal.

If making a full or partial withdrawal from your annuity, for the purpose of a 1035 Exchange, Transfer, or Rollover, please contact your agent for additional forms and documentation.

Please choose from the following options and, if necessary, enter the amount to be withdrawn and/or start date:

- I request the amount of \$ _____ to be withdrawn from the annuity, subject to possible withdrawal charges stated in the contract.
I request an amount to be withdrawn from the annuity, which, after possible withdrawal charges as stated in the contract, generates a net withdrawal in the amount of \$ _____.
I request the maximum free withdrawal for the current contract year, per contract provisions.
I request a recurring withdrawal of \$ _____ starting _____ monthly quarterly annually
I request a withdrawal of all interest earned to date.
I request a recurring interest only* withdrawals starting _____ monthly quarterly annually
*Please note that if this option is elected that the first withdrawal will include all interest earned to date.

Pay via (select one): Check EFT (If EFT, please complete form 1009 EFTWTHD)
Street City State Zip Code
Owner Address _____

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. Please consult your tax advisor for the proper withholding that applies to your situation.

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

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

Signed at _____ City State
Please return this form by mail, email (customerservice@american-life.com), or by faxing to (402) 489-8295.

Owner Signature Owner's Social Security # Date
Joint Owner Signature Joint Owner's Social Security # 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: _____

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