



Bankers Life Insurance Company
 11101 Roosevelt Blvd N, Ste. 301, St. Petersburg, FL 33716
 P.O. Box 42020, St. Petersburg, FL 33742
 Phone (800) 839-2731 Fax (800) 946-3306

ANNUITY WITHDRAWAL REQUEST (This is a two (2) sided form and must be completed in full)

Policy Information

Annuitant Name (First Middle Last)	Policy Number
Owner Name (First Middle Last) If joint owners, list both owners	Owners Social Security Number
Owners Mailing Address: (your check will be mailed to this address unless otherwise requested) _____ Street _____ City State Zip	Owners Date of Birth Month _____ Day _____ Yr. _____
	Daytime Phone: () _____ - _____

Checks will be mailed to the above address unless direct deposit is requested

I, the undersigned Owner(s) request a withdrawal under the provisions of the subject contract. The options below may result in withdrawal charges and/or Market Value Adjustments unless the terms of your policy or riders stipulate otherwise. Please reference your policy for applicable terms. I understand the contract provisions regarding early withdrawal charges. All options may not be available on your policy.

SELECT ONE OPTION ONLY

A. Partial Withdrawal \$ _____ Gross (Default) Net

B. Complete Cash Surrender

C. Accumulated Interest Withdrawal

PLEASE CHECK ONE: Monthly (default) Quarterly Semi-Annually Annually
 The first payment will be made the election period following our receipt of this request. The payment will be made on the same day of the month as the Effective Date of the policy. If you are electing systematic withdrawals, the following should be noted:
 1. The interest amount will fluctuate according to the number of days in the payment period.
 2. Minimum payment of \$100.00 is required unless EFT is selected.
 3. If this is a Select policy, the policy must be in force for one year before electing options.

D. IRA Minimum Required Distribution Automation

Your Minimum Required Distribution will be deposited into your bank account in the month of December on an Annual Basis unless you indicate an alternate month here _____. The withdrawal will be made on the same day of the month as the effective date of the policy. If the policy is effective this year, please provide the prior December 31st balance here: \$ _____ (default is premium received)

E. 72(t)

If you are younger than 59 ½ as required by the IRS code 72(t) or Section 72(g), your Minimum Required Distribution will be deposited into your bank account in the month of December on an Annual Basis unless you indicate an alternate month here _____. The withdrawal will be made on the same day of the month as the effective date of the policy. Please indicate the amount of your 72(t) here \$ _____.

AUTHORIZATION FOR DIRECT DEPOSIT – REQUIRED for options C, D, & E only

Routing Number: _____ Account Type (check one) Checking Savings

Account Number: _____ **ATTACH A VOIDED CHECK**

PLEASE CONTINUE ON THE NEXT PAGE

Withholding (You must select one)

Please answer the following tax withholding questions. Unless you check “No” for federal taxes, we are required to withhold a minimum of 10% of the taxable amount.

Listed below is the required Certification regarding your tax ID number and backup withholding for Federal Income Tax. If you do not complete the Certification, we must withhold 31% of the amount subject to Federal Income Taxes.

I DO NOT want Federal Income Tax withheld.

I DO want to have Federal Income Tax withheld. Taxes will be withheld at a rate of ten percent (10%), unless a higher percentage is indicated here _____.

You and the Internal Revenue Service will be provided with a 1099-R form after the close of the calendar year. A withdrawal of any type, prior to age 59 ½, may subject you to an IRS Penalty Tax.

**Taxpayer ID Number & Certification
(Substitute IRS Form W-9)**

This Certification must be completed and signed by the listed Owner of the Annuity identified above. If you do not provide your tax identification number, we are required to withhold 31% of the taxable amount distributed. If you do not complete the Certification or if we are so notified by the Internal Revenue Service, we must withhold 31% of the amount subject to Federal Income Taxes.

Taxpayer Identification Number (must complete one)

Enter your taxpayer identification number in the appropriate box. For individuals and sole proprietors, this is your social security number. For other entities, it is your employer identification number. If you do not have a number, see IRS form W-9.

Social Security Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

OR

Tax Payer ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or the IRS has notified me that I am no longer subject to backup withholding.
3. The Payee must be a U.S. person.

Certification Instructions – You must cross out item 2 above if you have been notified by the IRS that you are currently subject to the backup withholding because you have failed to report all interest and dividends on your tax return. You are not required to sign the certification.

Signatures

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Owner(s)

Date

Signature of Spouse of Owner (if a Resident in a Community Property State)

Date

NOTE: The following are Community Property States and require a spouse’s signature to process your chosen service request: AZ, CA, ID, LA, NV, NM, TX, WA, and WI

Note: If requirements on this form are not completed, we will not be able to process your request.