

# SYSTEMATIC WITHDRAWAL REQUEST



Equitable Life & Casualty Insurance Company

PO BOX 2460, SALT LAKE CITY, UTAH 84110-2460  
888-352-5178 FAX: 888-352-5126

## SYSTEMATIC WITHDRAWAL REQUEST FORM

Annuity Contract Number: \_\_\_\_\_ Owner: \_\_\_\_\_

Married   Single   Widowed   Divorced-Please specify: Date \_\_\_\_\_ State \_\_\_\_\_

In accordance with the terms of the Annuity Contract, I hereby elect to withdraw: (check one of the following.)

Accumulated Interest Only	<i>*Quarterly frequency must be chosen prior to 3/31. Semi Annual frequency must be chosen prior to 6/30.</i>
Initial Distribution Date: ____/____/____	
Distribution Frequency: (Check one)   Monthly   Quarterly   Semi Annual   Annual	

Specified Amount \$ _____ of my Accumulated Value.	<i>*Quarterly frequency must be chosen prior to 3/31. Semi Annual frequency must be chosen prior to 6/30.</i>
Initial Distribution Date: ____/____/____	
Distribution Frequency: (Check one)   Monthly   Quarterly   Semi Annual   Annual	

The Required Minimum Distribution (RMD).	<i>*Quarterly frequency must be chosen prior to 3/31. Semi Annual frequency must be chosen prior to 6/30.</i>
Initial Distribution Date: ____/____/____	
Distribution Frequency: (Check one)   Monthly   Quarterly   Semi Annual   Annual	

A selection of either of the above options is considered a **Partial Withdrawal/Periodic Payment** of the Accumulated Value and you waive all benefits under the Annuity Contract applicable to the amount withdrawn.

<b>Direct Deposit (ACH) to a Bank</b> Please allow 3-5 business days from the processing date to receive the funds in your bank account. <b>Note: Payments made via EFT/ACH to a party other than the owner are not permitted.</b> Bank Name _____ Bank account number _____ ABA routing number (To ensure accuracy, verify with your bank) _____ Type of Account   Checking   Savings Name of depositor on bank records (first, middle, last) _____  Upon signed receipt of this form and as a precaution, we will deposit a nominal (less that \$1.00) amount into the account above. Please monitor your account in the next 3-5 days and call the customer service number at the top of this form for verification of this nominal amount. Once verification is complete, all future payments will be sent via direct deposit.
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**Please note: If no verification of this nominal amount is confirmed, the direct deposit will NOT be completed.**

**NOTICE OF WITHHOLDING OF WITHDRAWAL FROM TAX DEFERRED ANNUITIES**

The withdrawal you receive from Equitable Life & Casualty Insurance Company may be subject to Federal Income Tax Withholding. Withholding will only apply to the portion of your withdrawal that can be includible as income and subject to Federal Income Tax.

You may be subject to penalties under the estimated tax payment rules if you elect not to have tax withheld and payments of estimated tax and other withholdings are not adequate to satisfy tax liability. Please consult your tax advisor if you have any questions.

**I elect:**

Not to have Federal income taxes withheld.

To have 10% Federal income taxes withheld on the taxable portion of my distribution.

To have more than 10% Federal income taxes withheld on the taxable portion of my distribution, as indicated below:

Other Amount: \_\_\_\_\_%

**NOTE: IF NO SELECTION IS MADE ABOVE, A RATE OF 10% WILL BE WITHHELD FOR FEDERAL INCOME TAXES ON QUALIFIED/NON-QUALIFIED PLANS. FOR TSA PLANS, 20% WILL AUTOMATICALLY BE WITHHELD.**

**SPOUSAL CONSENT (If residing in a Community Property State - AZ, CA, GU, ID, LA, NV, NM, TX, WA OR WI:**

Not married

I, \_\_\_\_\_ Spouse Former Spouse of the owner of the above-reference policy relinquish all of my rights to any interest which I may have in the policy, now or in the future, by virtue of the Community Property Laws of the State or territory of \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner's Spouse or Former Spouse

\_\_\_\_\_  
Spouse or Former Spouse's Name Printed

I have carefully read the request form and agree that it is properly and fully complete. I understand that this request is subject to all of the provisions and conditions of the policy and that the Company may require additional information or requirements. I certify that the policy is not pledged or assigned to any other person or corporation, and that no proceedings of bankruptcy or insolvency have been filed and are now pending against the undersigned.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security No (Required)