

# SYSTEMATIC WITHDRAWAL REQUEST



**Mail completed form to:**

SILAC Insurance Company  
 PO Box 30245, Salt Lake City, UT 84130-0245  
 FIA Fax Number: 801-812-8789  
 MYGA Fax Number: 336-419-0279

**Contact us:**

FIA Policyholder Service - 888-352-5122  
 MYGA Policyholder Service - 833-889-0910

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

**SSN/TIN Number:** \_\_\_\_\_

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.)

<b>ACCUMULATED INTEREST ONLY</b> *Quarterly frequency must be chosen prior to 3/31. Semi Annual frequency must be chosen prior to 6/30.	
Initial Distribution Date: _____	
Distribution Frequency: (Check one)      Monthly      Quarterly      Semi Annual      Annual	
<b>The minimum withdrawal amount is \$100. If withdrawal doesn't meet the minimum the frequency of payment will change to quarterly.</b>	
<b>SPECIFIED AMOUNT \$ _____ OR _____ % OF MY ACCUMULATED VALUE</b> *Quarterly frequency must be chosen prior to 3/31. Semi Annual frequency must be chosen prior to 6/30. Minimum remaining account value after withdrawal must be at least \$5,000.	
Initial Distribution Date: _____	
Distribution Frequency: (Check one)      Monthly      Quarterly      Semi Annual      Annual	

<b>REQUIRED MINIMUM DISTRIBUTION (RMD)</b> *Quarterly frequency must be chosen prior to 3/31. Semi Annual frequency must be chosen prior to 6/30.	
Initial Distribution Date: _____	Prior Year End Account Value*: _____ <small>*For policies in 1st policy year</small>
Distribution Frequency: (Check one)      Monthly      Quarterly      Semi Annual      Annual	
How would you like your RMD calculated? Please select Single Life (based on the Uniform Distribution Table) Joint life (your spouse must be your sole primary beneficiary and must be more than 10 years younger than you) Spouse's date of birth: _____ Inherited IRA: Deceased's date of birth: _____ Deceased's date of death: _____ we will use the Single Life Expectancy Table	

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Payment** of the Accumulated Value and you waive all benefits under the Annuity Contract applicable to the amount withdrawn.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</b> To provide faster access to your money, we can deposit your funds directly in your bank account using Electronic Funds Transfer (EFT). EFT may be available for all policies. Please provide the following instruction. Check here if you'd prefer to receive payment by check to your mailing address. Please move on to the next section.	
Account Name (as it appears on the account)	Bank Name
Routing Number (bottom left of check)	Account Number (bottom center of check)
Type of account: Checking - Please attach a voided check for the listed account. Savings	
To expedite your request, your first payment may be sent to you via check. If EFT is not available for your account, we will continue to pay you by check.	

**Please note: For your security we will mail a check for withdrawals greater than \$10,000 to the last address on record.**

**We will not allow address changes at time of withdrawal.**

**TAX WITHHOLDING**

The IRS requires that we withhold 10% Federal Income Tax from your payment unless you advise us otherwise. If you **do not** want us to withhold 10% of your payment, please select one of the options below.

Do not withhold Federal or State income taxes from my payment  
 Withhold \_\_\_\_\_ % Federal income tax from my payment.  
 Withhold \_\_\_\_\_ % State income tax from my payment.

Please consult a tax advisor for more information on withholding requirements for your state.

Note: Whether or not taxes are withheld, you will be liable for payment of all applicable federal and state income taxes and the taxable portion of this distribution. You may also be subject to penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

**CERTIFICATION OF TAXPAYER IDENTIFICATION**

Under penalties of perjury, I certify that:

1. My Social Security Number or taxpayer identification number shown on this form is correct;
2. I am not subject to backup withholding due to failure to report interest or dividend income;
3. I am a U.S. citizen or other U.S. person (as defined in the Internal Revenue Code); and
4. I am not subject to FATCA reporting because I am a U.S. Person and the account is located within the United States.

***Certification Instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. If you are not a U.S. citizen or other U.S. person for tax purposes, please cross out certifications 3 and 4 and complete and return to us the appropriate IRS documentation.***

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholdings.

Owner(s) and/or Assignee(s) Signature(s) (required)	Title (if corp or trust)	Date (mm/dd/yyyy)
All Irrevocable Beneficiaries	Name and Title	Date (mm/dd/yyyy)
Other Required Signatures (if any)	Name and Title	Date (mm/dd/yyyy)

**SPOUSAL CONSENT**

If you reside in the following states AZ, CA, GU, ID, LA, NV, NM, TX, WA, or WI, your spouse must consent to this transaction. Unless the Company has been notified of a community property interest in this policy, we are entitled to rely on our good faith belief that no community property interest exists, and we assume no responsibility for inquiry.

**ADDITIONAL INFORMATION**

Notary signature is required for any withdrawal exceeding \$250,000 or 50% of the account value.

State of \_\_\_\_\_

County of \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_  
 Day Month

[SEAL]

\_\_\_\_\_  
 Signature of Notary

My commission expires: \_\_\_\_\_