

## **Annuity Withdrawal Request**

Please forward completed form to: PO Box 703 | Elba AL 36323 Email: annuity@nsgcorp.com | Fax: 1-800-693-7507

OWNER INFORMATION (Please print all information)						
Contract Number(s):						
Full Name:		SSN:		DOB:		
Phone Number:	Mailing Address:					
City:	State:		Zip:		New Address: ☐ Yes ☐ No	
JOINT OWNER INFORMATION (if applicable)						
Full Name:		SSN:	DOB:			
Phone Number:	Mailing Address:					
City:	State:		Zip:		New Address:	)
ANNUITANT INFORMATION (Please print all information)						
Full Name:	nt an inormation	SSN:		DOB:		
Phone Number:	Mailing Address:					
City:	State:		Zip:		New Address:	)
WITHDRAWAL OPTIONS						
Option 1: Full Withdrawal (Surrender)—Contract should be returned with withdrawal request.  (If the contract is not attached, I hereby certify that the contract has been lost or destroyed and that I have no knowledge of its whereabouts.)  Please note: Current surrender value is subject to change. The surrender value is calculated on the day of processing.						
(1) Will the surrender proceeds be used to fund or purchase another life insurance policy or annuity contract?					☐ Yes	□No
Florida Residents Univ: (2)	id your agent/advisor recommend (advise) you to surrender your annuity ontract?				☐ Yes	□No
Option 2: Partial Withdrawal (please check and complete one of the following withdrawal options):						
Net Partial Withdrawal of \$ (Your check will be for the amount requested. Your account balance will be reduced by this amount plus any applicable withdrawal charges and federal/state taxes.)						
Gross Partial Withdrawal of \$ (Your check will be for the amount requested less any applicable withdrawal charges and federal/state taxes. Your account balance will be reduced by the amount requested.)						
Penalty Free Withdrawal Amount						

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## Annuity Withdrawal Request (Cont'd)

FEDERAL INCOME TAX STATUS AND WITHHOLDING - The IRS requires us to withhold federal income tax at a rate of 10% from the taxable portion of your payments. elect not to have tax withheld. Even if you elect not to have income tax withheld from your payments, you are liable for payment of income tax on the taxable portion of your payments. 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. Additionally, a 10% federal tax penalty Please select one of the following: I elect not to have federal and state, if applicable, income tax withheld from the taxable portion of my distribution check. I elect to have federal income tax withheld from the taxable portion of my distribution check. Insert rate if greater than 10%\_ Note: If none of the withholding elections above is chosen, National Security is required to withhold 10% of the taxable portion of annuity distributions for federal income taxes. State income tax may also be required to be withheld in certain states if federal tax is withheld. IRS Form W9 must also be completed and returned with this form before distribution can be processed. Certifications and Signature(s) Under penalties of perjury, I certify that: The number shown on this form is my correct taxpayer identification number, and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.) I am a U.S. Citizen or other U.S. person, and I am not subject to FATCA reporting because I am a U.S. person, and the account is located within the United States. (If you are not a U.S. Citizen or other U.S. person for tax purposes, please cross out the last two certifications and complete appropriate IRS documentation.) The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. I understand and acknowledge that a taxable event may occur in the event that I use the cash surrender value of my National Security annuity to purchase a life insurance policy. Signature of Owner (or fiduciary) Today's date (MM/DD/YYYY) Title (please check appropriate box, if applicable): ☐ Power of Attorney
☐ Guardian ☐ Trustee ☐ Executor Other: Signature of Joint Owner (or fiduciary) Today's date (MM/DD/YYYY) Title (please check appropriate box, if applicable): ☐ Power of Attorney ☐ Guardian ☐ Executor Other: \_ If you are signing on behalf of an entity or other individual (i.e., Trustee, Power of Attorney ("POA"), Guardian, Executor), please indicate your title by checking the appropriate box below your signature and attach any supporting documentation to substantiate your authority. Please Note: All distributions are shipped via USPS 1st Class Mail at no cost to you unless otherwise specified below. Special delivery request (Postage will be deducted from your check)

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