



## Election of Automatic Interest Withdrawal

Certificate no. \_\_\_\_\_ Annuitant name \_\_\_\_\_ Owner \_\_\_\_\_  
(if other than annuitant)

Type of Annuity Certificate:  Flexible Premium Annuity (FPA)  Single Premium Annuity (SPA)

I, the undersigned owner of the above annuity certificate, issued by Royal Neighbors of America (the Society), hereby elect to withdraw the interest earned on the contract value of the certificate on each monthaversary, which is the monthly recurrence of the certificate's date of issue. This election will be effective beginning on the first monthaversary after this form is received and processed at the Home Office and every month thereafter until terminated.

If this is a flexible premium deferred annuity certificate, then I understand that if the total amount withdrawn in a certificate year exceeds 10% of the annuity contract value at the time of the first withdrawal in the certificate year, any excess will be subject to a withdrawal charge as shown in the annuity certificate.

I certify that I have not assigned or pledged the above certificate for any purpose whatsoever, and that no bankruptcy proceedings are pending against me.

This election will terminate immediately when: 1) revoked by me in writing, 2) the accumulation value of the certificate falls below the \$20,000 minimum requirement, or 3) the certificate is assigned.

Please check only **one** of the boxes below.

- I elect not to have Federal income tax withheld from the taxable portion of the distribution. (You may not check this box if the IRS has notified you that you are subject to back-up withholding.)
- I elect to have \_\_\_\_\_% Federal income tax withheld from the taxable portion of the distribution. (Cannot be less than 10%)

**Note:** A 10% penalty tax may be assessed by the IRS on the taxable amount withdrawn from an annuity before age 59½. Please consult with your professional tax advisor if you have any questions.

**Under penalty of perjury, I certify the following:**

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 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
3. I am a U.S. citizen or other 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 backup withholding because you have failed to report all interest and dividends on your tax return. The IRS does not require your consent to any part of this form other than the certifications required to avoid backup withholding.

Dated \_\_\_\_\_  
(Month/day/year)

**Witness to Signature of Owner**

Signature of witness

Mailing address

City, state, and ZIP code

Signature of owner

Mailing address

City, state, and ZIP code

Telephone number (Incl. Area Code)

Social Security number of owner

E-mail address

I hereby agree to the above request and waive any community property or Uniform Marital Property Act (UMPA) rights, as applicable, that I may have in the subject of the above request. If the spousal consent is not signed, the above signature is certification that no spousal consent is required.

Signature of spouse of certificateowner: \_\_\_\_\_ Date: \_\_\_\_\_  
(Spousal signature required for residents of AZ, CA, ID, LA, NM, NV, TX, WA, WI)