



PERSONAL CHOICE SUITE PREFERRED 10% FREE WITHDRAWAL FORM

1) Owner's Information

All fields are required.

Name (please print your full name as it appears on your contract)

Contract Number

Mailing Address (including apartment or box number)

Social Security or Taxpayer ID Number

City

State

Zip Code

Date of Birth or Trust

Email Address (Optional)

Daytime Telephone Number

2) Withdrawal Options

Note: One-time withdrawals are paid by check only. Please carefully review your contract to ensure that you understand the terms that apply to your withdrawals before completing this form.

I authorize:

Withdrawal equal to 10% of the previous year's account balance.

Withdrawal equal to _____ % or \$ _____ of the previous year's account balance.*

Withdrawal of my accumulated interest credited in the previous contract year.

*Surrender Charge and Market Value Adjustment will apply if the gross amount exceeds the greater of 10% or the Required Minimum Distribution for this contract.

3) Tax Withholding Election: Form w-4P/OMB No. 1545-0074

Federal Tax Withholding

Distributions from IRA's and qualified retirement plans that are not eligible for rollover are subject to federal income tax withholding unless you affirmatively elect **not** to have withholding apply to such payments. Generally, such distributions are subject to 10 percent withholding unless you elect to have an additional amount withheld or elect to have no withholding. You may make a withholding election by selecting one of the options below. Your election will remain in effect for any subsequent distributions unless you change or revoke it by providing us with a new election.

Important Taxpayer Information

I understand if there is a reportable distribution due to the withdrawal, it will be reported to the Internal Revenue Service (IRS) for the calendar year the withdrawal is made. If I am under age 59 1/2, an IRS Federal Excise Tax may apply to the withdrawal.

I understand that, due to State Regulations, the Company is required to withhold State Taxes regardless of the Federal election if I reside in **CA, NC, OK, OR or GA**. If I reside in **DE, IA, KS, MA, ME, NE, or VT**, the Company is required to withhold State Income Tax if Federal Income Tax is withheld. I further understand that even if I elect not to have Federal Income Tax withheld, any reportable distribution will be reported to the IRS.

Note: 10% federal income tax automatically withheld if you do not make an election below. Some states also impose mandatory withholding.

I elect:

NOT to withhold federal income tax.

NOT to withhold state income tax.

to withhold federal income tax in the amount of \$ _____ or percentage of _____ %.

(Must equal at least 10%)

to withhold state income tax in the amount of \$ _____ or percentage of _____ %.

4) Owner Acknowledgment: By signing below, I acknowledge full understanding of the following:

Use of the Preferred 10% Free Withdrawal Rider Beginning in the Second Contract Year:

- The amount available will be based on 10% of the Contract Anniversary date; or the Required Minimum Distribution, as calculated under the Internal Revenue Code, as if this Contract were the only asset in Your Traditional IRA Program.
- If the withdrawal exceeds the above limitation, the full Surrender Charge and Market Value Adjustment will apply to the entire amount. If the withdrawal is in the form of a full surrender, the Surrender Charge and Market Value Adjustment will apply to the full amount.
- Notwithstanding the above, if more than one withdrawal is taken in a Contract Year and the sum of all withdrawals taken during the same Contract Year exceeds the above limitation, the Surrender Charge and Market Value Adjustment will apply to each withdrawal, including the first one.

Community Property States

- If the contract was issued in a community property state, or if the Owner currently lives in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), the Owner's spouse must sign the form.
- If you do not provide us with your spouse's signature, please make notation of your current marital status.
- In case of divorce, in order to ensure that spousal interest in community property has been protected, a copy of the relevant parts of the divorce decree is required (i.e., front page, signature page and any page referencing the annuity contract). If there is no mention of the annuity contract in the divorce decree, the former spouse must sign this request. If this is not possible, please contact our Policy Service Department.

Owner Certification

I certify that I am the participant authorized to make these elections and that all information provided is true and accurate. I further certify that a Sentinel Security Life representative has not given any tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. Sentinel Security Life is hereby authorized and directed to distribute funds from my contract in the manner requested. Sentinel Security Life may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that Sentinel Security Life and their representatives shall in no way be responsible and shall be indemnified and held harmless for any tax, legal or other consequences of the election(s) made on this form. **UNDER PENALTY OF PERJURY, I CERTIFY THAT THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER ID NUMBER AND I AM NOT SUBJECT TO BACKUP WITHHOLDING. I have read and understand and agree to be legally bound by the terms of this form.**

_____ Signature of Owner	_____ Title (if applicable)	_____ Date
_____ Signature of Joint Owner (if applicable)	_____ Title (if applicable)	_____ Date
_____ Signature of Owner's Spouse (Community Property States)		_____ Date
_____ Signature of Joint Owner's Spouse (Community Property States)		_____ Date