



ANNUITY WITHDRAWAL REQUEST

PO Box 813, Brownwood, TX 76804 • 5750 County Road 225, Brownwood, TX 76801 • Phone (877) 346-1607 • Fax (888) 272-9502

Before making any decision regarding your withdrawal, we urge you to consult your tax adviser or tax attorney.

Owner's Name (please print your full name as it appears on your account) Contract Number (a separate form for each contract is required)

Mailing Address

City State Zip code

Daytime Telephone SSN / FEIN Date of Birth (MM/DD/YYYY)

QUALIFIED PLANS

Are you requesting a withdrawal from a Qualified Plan? Yes No

If yes, please fill out the **IRA RMD Election Form**.

DISTRIBUTION METHOD:

I authorize a withdrawal from my annuity contract equal to:

- A **one-time penalty free or surrender free** amount under my contract. (Paper Check)
- A **one-time net** amount of \$_____ or **net** percentage of _____% of my contract. (Paper Check)
- A **recurring fixed** amount of \$_____. (Paper Check or Direct Deposit)

Begin recurring distributions on (MM/DD/YYYY) _____.

Frequency* (choose one): Monthly Quarterly Semiannually Annually

Note: The withdrawal amount must be over \$100. Withdrawals may be subject to surrender or penalty charges as well as market value adjustments. Any option chosen above will expire upon renewal of contract.

PAYMENT METHOD: (All checks will be made payable to the registered account owner.)

- Mail check to my address of record currently on file.
- Transfer funds electronically (EFT) – **An EFT form must be submitted.**

Note: If a payment method is not selected, your withdrawal will be issued as a check payable to you and mailed to your address of record. For recurring payments, your payment method will remain in force until we receive written notice from you requesting a change.

TAX WITHHOLDING ELECTION:

Federal Tax Withholding

Generally, 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.

Please select one of the following:

- I do **NOT** elect to have **federal** taxes withheld from my payments
- I do **NOT** elect to have **state** taxes withheld from my payments
- I **DO** elect to have **federal** income taxes withheld in the percentage of _____%
- I **DO** elect to have **state** income taxes withheld in the percentage of _____% State of _____

(Note: 10% Tax Automatically withheld if withholding option not elected.)

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 ½, 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.

CERTIFICATION & SIGNATURES:

_____	_____	_____
Owner's Signature	Date	Print Name
_____	_____	_____
Owner's Spouse Signature ¹	Date	Print Name
_____	_____	_____
Witness Signature	Date	Print Name
(Must be a Non-Family Member over the age of 18)		

NOTE: For distributions greater than \$100,000, notarization is REQUIRED. See Page 3 for Notarization section.

AGENT ACKNOWLEDGEMENT:

I certify that to the best of my knowledge, the above referenced Owner is requesting the above referenced withdrawal request. I also certify that I have confirmed this request with the Owner.

_____	_____
Agent Signature	Agent Name

¹ Required if in a community property state

