



**ANNUITY WITHDRAWAL REQUEST**

PO Box 27647, Salt Lake City, UT 84127 • Phone (855) 882-0346 • Fax (888) 433-4795 *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
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Owner’s Spouse Signature <sup>1</sup>	Date	Print Name
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Witness Signature <small>(Must be a Non-Family Member over the age of 18)</small>	Date	Print Name
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Agent Signature	Agent Name
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<sup>1</sup> Required if in a community property state

**OWNER ACKNOWLEDGEMENT:** By signing below, I acknowledge full understanding of the following:

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 an Upstream Life Insurance Company 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. Upstream Life Insurance Company is hereby authorized and directed to distribute funds from my account in the manner requested. Upstream Life Insurance Company 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 Upstream Life Insurance Company 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. **I have read and understand and agree to be legally bound by the terms of this form.**

The following statement is required by the IRS: Under penalty of perjury, I certify that the number shown on this form is my correct social security or taxpayer ID number and I am not subject to back-up withholding. I certify that I am not under guardianship, nor have I made any assignment, pledge, or executed any document affecting ownership or right to any monies due or to become due under this contract, and further that no proceedings in bankruptcy are pending to which I am a party.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Name

\_\_\_\_\_  
Owner's Spouse Signature<sup>2</sup>

\_\_\_\_\_  
Owner's Spouse Name

\_\_\_\_\_  
<sup>2</sup> Required if in a community property state