



PLEASE TYPE OR PRINT USING BLACK OR BLUE BALLPOINT PEN ONLY

Both pages of this Form must be completed

CONTRACT INFORMATION	
Annuitant Name	Contract Number
Employer Information required for TSA 403(b) Contract Distributions:	
Current/Most Recent Employer Name	Phone Number(s)
Address	Plan Name

PARTIAL WITHDRAWAL ANNUITY *(Subject to contract minimums) Mark appropriate box.*

I wish to withdraw the free amount from my annuity contract.

I wish to withdraw \$ _____ from my annuity contract. Gross or Net

I wish to start a periodic payment to begin on _____ *(mo/day/year)* Gross or Net

Free amount, Interest or Specific amount of \$ _____

Mode of payment: Monthly Quarterly Semi-Annual Annual

I am aware that there may be an early withdrawal charge of approximately _____

SURRENDER *(Contract required) Mark appropriate box.*

I wish to surrender the contract for its Net Cash Value following receipt of both this signed request and the contract at Western United Life Assurance Company's Home Office.
(PLEASE BE SURE TO ADVISE YOUR EMPLOYER TO STOP DEDUCTIONS FOR THIS CONTRACT IF APPLICABLE)

I am aware that there may be an early surrender charge of approximately _____

The contract is:

Enclosed *(Specifically the original Page 3 of the contract)*

Lost/Destroyed - I hereby declare under penalty of perjury that the above numbered contract has been lost or destroyed; that it has not been delivered to any person having any right, title or interest in it.

MINIMUM DISTRIBUTION *Mark appropriate box.*

If beneficiary is a spouse who is more than 10 years younger, please indicate date of birth: _____

Do you want automatic distribution? Yes No If Yes, indicate start date _____

Mode of payment: Monthly Quarterly Semi-Annual Annual

ANNUITIZATION

Please annuitize my contract with the following option: *Mark appropriate box*

<u>Without Life Contingencies</u>	<u>With Life Contingencies</u> <i>(requires proof of Annuitant's age)</i>	<i>Life Contingency Only - Shall the Beneficiary have the right to receive the commuted value of installments?</i>
<input type="checkbox"/> Period Certain of _____ Yrs	<input type="checkbox"/> Life Only <input type="checkbox"/> Reduced Benefit	
<input type="checkbox"/> Fixed Amount of \$ _____ <i>(Until funds are exhausted)</i>	<input type="checkbox"/> Life & Period Certain of _____ Yrs	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other _____	<input type="checkbox"/> Installment/Refund	
	<input type="checkbox"/> Other _____	

Mode: Monthly Quarterly Semi-Annual Annual Distributions to begin on _____

Please send my payments to: _____

If you would like direct deposit, please also complete an Authorization for Direct Deposit form. _____

SPECIAL INSTRUCTIONS

ELECTION FOR WITHHOLDING (Substitute W4P Form)

Federal and some State laws make payments subject to withholding. The law requires that you be told three things:

1. You do not have to have any money withheld from your periodic payments.
2. After you have made a choice you can change it at any time by writing to us. Please allow 30 days for the change.
3. Even if you elect not to have income tax withheld, you are liable for payment of income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

CHECK FEDERAL AND/OR STATE (if applicable)

If Not Checked and the Payment Amount is Sufficient, We are Required to Withhold Income Tax

Federal:

WITHHOLD

- 10% of taxable portion
- 20% of taxable portion *(20% is generally required on all qualified funds except IRA's)*
- Other *(specify)* _____

DO NOT WITHHOLD

federal income tax from my distribution

State: _____

(AZ, ID, ND, NE, MT, OK, OR, and UT residents only)

WITHHOLD

- % of taxable portion *(specify)* _____
- \$ of taxable portion *(specify)* _____

DO NOT WITHHOLD

state income tax from my distribution

We are Required to Withhold if Your Resident Address is Outside of the United States

SUBSTITUTE W-9 VERIFICATION (Box must be marked to qualify as a substitute W-9)

Please consider this my substitute W-9. If you fail to furnish your correct TIN (taxpayer identification number), you may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, in the event of such failure, 31% of your taxable distribution will be withheld and sent to the IRS.

Please enter Owner's SSN/TIN: _____

Certification - Under penalties of perjury, I certify by signing below that:

- 1) The number shown above is my correct taxpayer identification number;
- 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 IRS that I am subject to backup withholding as a result of 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. person (including a U.S. resident alien).

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've failed to report all interest and dividends on your tax return.

IMPORTANT TAX INFORMATION

Receipt of any funds from your annuity contract, if from a partial withdrawal or a surrender of the contract, may generate taxable income. In addition, if you are not 59½ years of age or permanently disabled, receipt of funds may be a premature distribution, generating an additional income tax. We suggest you contact your tax advisor before completing this request.

REQUIRED SIGNATURES - I certify, under penalties of perjury, that the information reported herein is correct.

Date

Signature of Contract Owner

Witness/Agent

Signature of Joint Owner (if applicable)

Agency

Contract Owner's Address & Telephone Number

Is this address Current New Seasonal?