

**MANHATTAN LIFE INSURANCE COMPANY  
WESTERN UNITED LIFE ASSURANCE COMPANY**

**Annuity Operations Office**

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**ANNUITY  
DISTRIBUTION  
REQUEST**

**1. IMPORTANT TAX INFORMATION**

Receipt of any funds from a partial or full surrender of your annuity 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.

**2. ANNUITY CONTRACT INFORMATION**

Annuitant Name(s) (First, Middle, Last)

Annuity Number

**3. EMPLOYER INFORMATION REQUIRED FOR TSA 403(B) CONTRACT DISTRIBUTIONS**

Current/Most Recent Employer Name

Phone Number(s)

Address, City, State, Zip Code

Plan Name

**4. PARTIAL SURRENDER (Subject to contract minimums)**

**Mark Appropriate Box**

- a.  I wish to withdraw the free amount from my annuity contract.
- b.  I wish to withdraw \$ \_\_\_\_\_ from my annuity contract.  Gross or  Net
- c.  I wish to start a periodic payment to begin on \_\_\_\_\_ (mm/dd/yyyy)  Gross or  Net  
 Free Amount  Interest or  Specific amount of \$ \_\_\_\_\_  
Mode of payment:  Monthly  Quarterly  Semi-Annual  Annual
- d.  I am aware that there may be an early withdrawal charge of approximately \$ \_\_\_\_\_

**5. FULL SURRENDER (Contract Required)**

**Mark Appropriate Box**

- a.  I wish to fully surrender the annuity contract for its Net Cash Value following receipt of both this signed request and the annuity contract at the Company's Annuity Administration Office.  
**(Please be sure to Advise Your Employer to Stop Deductions for this Contract if Applicable)**
- b.  I am aware that there may be an early surrender charge of approximately \$ \_\_\_\_\_

**6. ORIGINAL CONTRACT (Contract Required)**

**Mark Appropriate Box**

- a.  **Enclosed** (Specifically the original Page 3 of the contract)
- b.  **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.

**7. MINIMUM DISTRIBUTION**

**Mark Appropriate Box**

- a. If beneficiary is a spouse who is more than 10 years younger, please indicate date of birth: \_\_\_\_\_
- b. Do you want automatic distribution?  Yes  No **If Yes, indicate start date:** \_\_\_\_\_  
Mode of payment:  Monthly  Quarterly  Semi-Annual  Annual

**ADDITIONAL COMMENTS OR INSTRUCTIONS**

**INCOMPLETE WITHOUT ALL PAGES – COPIES TO PRODUCER AND CLIENT**

**ANNUITY DISTRIBUTION REQUEST**

**8. ELECTION FOR WITHHOLDING**

*Substitute IRS Form W-4P OMB No.1545-0074*

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

- a. You do not have to have any money withheld from your periodic payments.
- b. After you have made a choice, you can change it at any time by writing to us. Please allow 30 days for the change.
- c. 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. We are Required to Withhold if Your Resident Address is Outside of the United States.**

**FEDERAL:**

- DO NOT WITHHOLD**  
federal income tax from my distribution
- WITHHOLD**
  - 10% of taxable portion
  - 20% of taxable portion (20% is generally required on all qualified funds except IRA's)
  - Other (specify) \_\_\_\_\_

**STATE:** \_\_\_\_\_

- DO NOT WITHHOLD**  
state income tax from my distribution
- WITHHOLD**
  - % of taxable portion (specify) \_\_\_\_\_
  - \$ of taxable portion (specify) \_\_\_\_\_

**(SEE STATE WITHHOLDING INSTRUCTIONS)**

**9. TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

*Substitute IRS Form W-9*

I/We understand that failure to furnish my/our correct TIN (taxpayer identification number), may result in a \$50 penalty for each failure, imposed by the Internal Revenue Service (IRS). I/We also understand the Company would be required to withhold an additional amount according to IRS guidelines. IRS Instructions are available upon request.

**Owner's SSN/TIN:** \_\_\_\_\_ **Joint Owner's SSN/TIN:** \_\_\_\_\_

Under penalties of perjury, I certify that:

- a. The number shown on this form is my correct taxpayer identification number; and
- b. I am not subject to backup withholding due to failure to report interest and dividend income; and
  - I have checked this box because I am subject to backup withholding. **(Check ONLY if applicable)**
- c. I am a U.S. citizen or other U.S. person.

**10. REQUIRED SIGNATURES**

I certify, under penalties of perjury, that all information reported herein is correct

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Owner Printed Name	Owner Signature	Date
Joint Owner Printed Name (if applicable)	Joint Owner Signature	Date
Witness/Producer Printed Name	Witness/Producer Signature	Date

Contract Owner's Address & Telephone Number	Is this address – <input type="checkbox"/> Current <input type="checkbox"/> New <input type="checkbox"/> Seasonal?
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