



North American Company
for Life and Health Insurance

SYSTEMATIC WITHDRAWAL REQUEST

Annuity Number: _____ **Owner:** _____

I wish to receive income via Systematic Withdrawals from the above named annuity with payments to begin:

Month/Day/Year

Please pay in the following mode: Monthly Quarterly
 Semi-annually Annually

The payment amount should be based on one of the following calculations: (\$100 minimum check, \$50 minimum via EFT) Please select one;

- a) Interest Only (actual interest credited during the check period);
- b) Fixed Amount of \$ _____ per check.
- c) Fixed Percentage of _____ % of Account Balance (amount to be recalculated each policy anniversary, and split among all checks.)

Note: Payments that exceed penalty free amounts as specified in contract will incur a surrender charge.

I understand that if withdrawals exceed my annual penalty-free amounts, subsequent checks will be reduced by the appropriate surrender penalty. Systematic Withdrawals will be deemed as interest first and as such reported as taxable income. Distributions prior to my age 59 and 1/2 may also be subject to IRS premature distribution penalties. I further acknowledge that the North American Company for Life and Health has made no representation that the above distribution schedule will fulfill my specific tax obligations.

Election of Withholding and Request for Taxpayer Identification Number and Certification

You must indicate if Federal/State Income Tax should be withheld from your payment by signing and dating this election form and returning it to the Home Office.

Even if you elect not to have Federal/State Income Tax withheld, you are liable for Federal/State Income Tax on the taxable portion of your benefits. You also may be subject to tax penalties under the Estimated Tax Payment rules if your payment of estimated tax and withholding, if any, is not adequate.

If you have any questions about your tax liability, please contact your tax advisor.

- I **do not** want Federal/State income tax withheld from my payment.
- I **do** want income tax withheld from my payment. Federal _____ % State _____ %

TAXPAYER IDENTIFICATION NUMBER (TIN):

Social Security Number ____/____/____ or Employer Identification Number ____/____

Certification - Under penalties of perjury, I certify:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issue)
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 Internal Revenue Service that I am subject to backup withholding as a result of a failure to report Interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Date _____ **Owner** _____ Assignee _____

Date _____ **Owner's Spouse** _____
if required for community property state
(AZ, CA, ID, LA, NM, NV, TX, WA, WI)

