

Income Rider Withdrawal and Service Request

Mail or fax completed form to: 317 574 2048

INSTRUCTIONS

- Use this form to start, suspend or reactivate payments under the Income Rider on Your Contract or to terminate your Income Rider.

1. OWNER INFORMATION

Individual, Trustee or Company Name				
If Trust, list Trust Name and Trust Date			Email Address	
Contract Number			Is this an Address Change? Y N	
Mailing Address	City	State	Zip	Country
Street Address (REQUIRED if mailing address is a PO Box)	City	State	Zip	Country
Social Security	Date of Birth (mm/dd/yy)	Personal Phone Number () -		

2. START PAYMENTS – By completing this section You are authorizing the Company to begin distribution of Your Lifetime Withdrawal Rider Benefits.

PAYMENT OPTIONS: Select from the following options.

NOTE: By electing to receive Lifetime Income Benefits, pursuant to the terms of Your Contract, Your Income Base will continue to be credited with additional interest, however it will be decreased by any Withdrawals.

Amount: (select one)	___ Maximum Lifetime Available	
	___ Specified Gross Amount (not to exceed Maximum Available)	\$ <input type="text"/> (provide amount in box)
Based on: (select one: Single Life or Joint Life Payout)	___ Single Life – If your contract currently has Joint Annuitants, please list which covered person the payments will be based on: Spouse Name: _____ Spouse Date of Birth (mm/dd/yy): _____	
	___ Joint Life – If your contract does not have a Joint Annuitant, please provide spousal information: Spouse Name: _____ Spouse Date of Birth (mm/dd/yy): _____	

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2. START PAYMENTS (Continued from Page 1)

PAYMENT OPTIONS: Select from the following options.

Frequency:	_____Annual	_____Monthly
	Start my payments on	/ / (mm/dd/yyyy)
<i>(Not all dates are available for all Contracts. If Your desired payment date is not available we will set Your payment to the next available date. Requests for payment after the 28th of the month will be paid on the 28th.)</i>		

DIRECT DEPOSIT / ELECTRONIC FUNDS TRANSFER (EFT): To provide faster access to Your money, we will deposit Your money directly into Your bank account using electronic funds transfer (EFT). Provide the following information:

Account Name (as it appears on the account)	Bank Name
Routing Number (Bottom left of check (9 digits)):	Account Number (Bottom center of check):
Type of account: (Your name must appear on the account in order to process your request.)	Checking - Attach a voided check for the listed account. Savings

IMPORTANT TAXPAYER INFORMATION

I understand that 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. Unless waived by me, if there is a reportable distribution, it will have income tax withheld at a flat rate of 10%. If I am under the age of 59½, an IRS Federal Excise Tax may apply to the withdrawal. State Income Tax withholding is voluntary with the following exceptions: State Income Tax may not be withheld in AK, FL, NH, NV, SD, TN, TX, WA, WY. State Income Tax withholding is mandatory in CT, State withholding is mandatory if Federal Tax is withheld in DC, DE, GA, IA, KS, MA, ME, NC, NE, OK, VA, VT. In the following, State Income Tax is mandatory if Federal Tax is withheld, however you may opt-out in the following states by entering "None" in the State Income Tax section: AR, CA, OR. I further understand that even if I elect not to have Federal Income Tax withheld, any reportable distribution will be reported to the IRS.

TAX WITHHOLDING ELECTION (Please Check)

- I do **NOT** elect to have taxes withheld from my payments.
- I **DO** elect to have **federal** income taxes withheld: amount \$_____ or percentage of _____%.
- I **DO** elect to have **state** income taxes withheld: amount \$_____ or percentage of _____%.

NOTE: TAX AUTOMATICALLY WITHHELD IF WITHHOLDING OPTION NOT ELECTED

3. SUSPEND PAYMENTS – By completing this section You are authorizing the Company to stop the Lifetime Withdrawal Rider Benefits.

Suspend my current payments: (Choose one of the following options)

_____Immediately _____Effective _____/_____/_____ (mm/dd/yy).

NOTE: You may suspend your Lifetime Income Withdrawals at any time using this form or by submitting a written request. If payments are suspended, they may not be restarted until the next contract anniversary or later.

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4. REACTIVATE PAYMENTS – By completing this section You are authorizing the Company to begin sending Lifetime Withdrawal Rider Benefits to You once again.

Please reactivate my payments: (Choose one of the following options)

At next contract anniversary

Other Date ____/____/____ (mm/dd/yy – Must be later than next contract anniversary)

5. TERMINATION OF RIDER

I wish to terminate the Income Rider from my Contract effective immediately.

NOTE: The Income Rider can only be terminated under the terms specified in Your Income Rider Contract. Once the Income Rider has been terminated, you may NOT re-elect it and it cannot be reinstated by the Company. There will be no further payments made or premium due for the rider once it is terminated.

6. YOUR CONFIRMATION

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 Number and I am not subject to backup 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.

NOTE: This form must be received by the Company within 60 days of the signature date.

Owner Signature X	Print Name	Date (mm/dd/yy)
Joint Owner Signature X	Print Name	Date (mm/dd/yy)

If You are signing on behalf of the Owner, print your name and provide your signature below. Check one of the boxes to indicate the capacity in which you are signing. Provide documentation with the request to verify your authorization to act on behalf of the Owner.

Power of Attorney Guardian Conservator

Signature X	Print Name	Date (mm/dd/yy)
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We appreciate Your business and are committed to providing you with accurate and caring service. If You have any questions or need additional information, contact your Agent or our Customer Service Department.