

**FIXED INDEXED ANNUITY - ANNUITIZATION REQUEST**

This form is not applicable for activating any available Lifetime Income Withdrawal.

Contract Number: \_\_\_\_\_ Contract Owner: \_\_\_\_\_

I authorize the value of this Contract to be paid in the form of a monthly annuity benefit. I understand that surrender charges may apply.

**BENEFIT OPTION ELECTED:** (Select one) **Please note - once a payment election is processed, there can be NO changes in the payment period.**

- a.  **Certain Period Only** (Level Payments) for \_\_\_\_\_ **Months:**  
Pays monthly income payments for a set period of time only
- b.  **Life Annuity Payments with Period of \_\_\_\_\_ Months-Certain:** (Guaranteed)  
Pays monthly income payments for as long as the Annuitant lives, with the payments guaranteed for a certain period
- c.  **Life-Only Annuity:** (Max Age 70) Pays monthly income payments for the life of the Annuitant only
- d.  **COLA:** \_\_\_\_\_% **Increase Per Year** (Maximum 15%) **For Period of \_\_\_\_\_ Years Certain.**
- e.  **Monthly Payments Structured to Meet the Requirements of an IRC 72t Distribution.**
- f.  **Joint and Survivor\* \_\_\_\_\_ Guarantee Period**  
\*If electing Joint and Survivor Payment Option please complete:

*Name of Joint Payee	Social Security Number
Date of Birth	Gender

**PAYMENT:**  
 The monthly annuity benefit is to be made payable to:

**Owner**     **Other** \_\_\_\_\_

**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.

Contract Number: \_\_\_\_\_ Contract Owner: \_\_\_\_\_

**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 in the amount of \$\_\_\_\_\_ or percentage of \_\_\_\_\_%.
- I **DO** elect to have **state** income taxes withheld in the amount of \$\_\_\_\_\_ or percentage of \_\_\_\_\_%.

**NOTE: TAX AUTOMATICALLY WITHHELD IF WITHHOLDING OPTION NOT ELECTED**

**BENEFICIARY DESIGNATION:** Beneficiary of any remaining payments as a result of the death of the Annuitant shall be: (Unless otherwise noted, if more than one Beneficiary is named, we will assume all Beneficiaries are to share equally. If there are more than three (3) Beneficiaries, please attach a second page.)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Name	Relationship	Address	Social Security Number or Taxpayer ID Number
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**CONTINGENT/SECONDARY BENEFICIARY:** (if Primary Beneficiary pre-deceases Contract Annuitant)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Name	Relationship	Address	Social Security Number or Taxpayer ID Number
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**I understand that once annuitized, no additional withdrawals are available and any applicable Lifetime Withdrawal Rider will terminate.**

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.

This form dated at \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
City/State

Signature of Owner(s) (if Joint – both must sign)	Owner's Social Security Number or Taxpayer ID Number	(_____) Owner's Telephone Number
Signature of Witness*	(_____) Telephone Number of Witness	Owner's E-mail Address (if available)

\*Owner's signature must be witnessed by an adult who is not a Beneficiary or newly named Owner.