

BENEFIT PAYMENT REQUEST

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, no beneficiary is named with this option.
- 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** _____

Irrevocable Payee? **Yes** **No**

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 payee 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 |
|------|--------------|---------|--|

CONTINGENT/SECONDARY BENEFICIARY: (if Primary Beneficiary pre-deceases contract payee)

- 1) _____
 - 2) _____
 - 3) _____
- | | | | |
|------|--------------|---------|--|
| Name | Relationship | Address | Social Security Number or Taxpayer ID Number |
|------|--------------|---------|--|

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
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_____ Signature of Witness*	(_____)_____ Telephone Number of Witness	_____ Owner's E-mail Address (if available)
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*Owner's signature must be witnessed by an adult who is not a Beneficiary or newly named Owner.