

SYSTEMATIC WITHDRAWAL REQUEST FORM

Policy/Contract/Certificate Number _____ Annuitant / Participant _____

Date _____ Owner's Daytime Phone # () _____ Owner _____

I/We request a systematic withdrawal be established under the provisions of the subject policy/contract/certificate. Benefits applicable to the amount withdrawn are waived. I/We understand the policy/contract/certificate provisions regarding early withdrawal charges.

PLEASE READ: Your annuity interest rate is credited on a daily basis to provide an annual yield. If you choose to withdraw your accumulated interest on a systematic basis, the effect of compounding will be lost. Additionally, if you borrow, surrender, or withdraw any funds from your policy/contract/certificate, the guaranteed elements, non-guaranteed elements, face amount, or surrender value of your existing policy/contract/certificate may be affected.

I. Amount: \$ _____ (Minimum payment \$50.00)

Accumulated interest payable (Minimum payment \$50.00)

II. Frequency: Monthly Quarterly Semi-annual Annual

III. Processing Date: 1st 10th 25th

Your policy/contract/certificate must be in force for a full month before your payments begin; therefore, the amount of your first payment could be for more than one month.

IV. Method:

Direct Deposit (EFT) You must attach a **Voided Check** for routing number verification.

Name of Financial Institution

Address of Financial Institution

Account Number

Transit / Routing Number

Paper check

If check should be mailed to an address other than the owner(s) address on your policy/contract/certificate, please provide that address below.

Street address

City

State

Zip

IMPORTANT !!! A Direct Deposit **will be posted to your account** on the 1st, 10th, or 25th. If the banks are closed on those dates, the money will be posted to your account the first working day following.

A Paper check **will be mailed** from Amarillo, TX on the 1st, 10th, 25th (or the first business day following if one of those dates is on a weekend or holiday). **PLEASE ALLOW SUFFICIENT MAILING TIME FOR RECEIPT OF YOUR FUNDS.**

V. Withholding Elections:

The distribution(s) you receive from the Insurer are subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the taxable portion of your distribution. Your withholding election will remain in effect until you revoke it. The Insurer may be required to withhold 20% in federal income tax from a distribution from qualified retirement plans or 403(b) plans. If mandatory 20% withholding does not apply, the Insurer will withhold 10% of the taxable amount unless you indicate otherwise on page 2. Spousal beneficiaries receiving eligible rollover distributions from 403(b)s may be subject to 20% mandatory withholding. Contract owners and spousal beneficiaries receiving distributions from IRAs and nonqualified annuities are not subject to 20% withholding.

States with a state income tax either require mandatory withholding or allow voluntary withholding. If your state requires mandatory withholding, we will withhold the mandatory amount without regard to your election on page 2. Each state determines their specific state withholding requirements and we will follow your state of domicile withholding obligations. State withholding may be subject to a 5% administrative default rate when state withholding is requested and no withholding amount is designated. Your state of residence may require that your state income tax withholding election be provided to us on a specific state form. Should your state of domicile require a specific state form, your state income tax withholding election will not occur until the required form is received by our office.

Please complete Page 2 of this form. Failure to do so may delay your request.

