

ANNUITIZATION SETTLEMENT FORM

INFORMATION ABOUT THE OWNER	
Owner Name	SSN/TIN
Address (City, State, Zip Code)	
Date of Birth (mm/dd/yyyy)	Phone Number
Policy Number	Insured

PAYMENT METHOD	
<p>Proceeds are paid as a one-time lump sum, as income for a stated period in equal installments for a minimum of 5 years, income for a stated amount over a minimum of 5 years and max of 30 years, income for life, income for life with a period certain or multiple choices provided here. A Supplementary Contract will be issued. Please refer to page 10 of the contract for Account Value calculation factors, and pages 16 and 17 for more information on Maturity Pay-Out options. Please choose only one option below.</p>	
<input type="checkbox"/> <u>Stated Period</u>	
Stated Period:	<input type="checkbox"/> 5 Year <input type="checkbox"/> 10 Year <input type="checkbox"/> 15 Year <input type="checkbox"/> 20 Year
Select Mode:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually
Begin Payments on:	_____ / _____ / _____
<input type="checkbox"/> <u>Stated Amount</u>	
Stated Amount:	\$ _____ (Minimum of \$100.00)
Select Mode:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually
Begin Payments on:	_____ / _____ / _____
<input type="checkbox"/> <u>Income for Life</u>	
Select Mode:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually
Begin Payments on:	_____ / _____ / _____
<input type="checkbox"/> <u>Income for Life with Period Certain</u>	
Select Period Certain:	<input type="checkbox"/> 5 Year <input type="checkbox"/> 10 Year <input type="checkbox"/> 15 Year
Select Mode:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually
Begin Payments on:	_____ / _____ / _____

CHECK/DIRECT DEPOSIT

- ☐ Mail Check to my address of record currently on file.
☐ Transfer funds electronically (ACH). **Note: For amounts over \$10,000, we must mail a check.**

Bank Name _____

Bank Account Number _____

ABA Routing Number _____

- ☐ Checking – A voided check is required.
☐ Savings – Please provide documentation from your financial institution, including the routing and account number.
☐ Name of Depositor on Bank Records _____

(First Name, MI, Last Name)

TAX WITHHOLDING

The IRS requires that we withhold 10% federal income tax from any taxable portion of this distribution unless you advise us otherwise. Applicable state income tax will also be withheld as appropriate. If you **do not** want us to withhold 10% from any taxable portion, please select the appropriate option below.

- ☐ Do not withhold federal or state income taxes from my payment.
☐ Withhold ___% federal income taxes from my payment.
☐ Withhold ___% state income tax from my payment.

Please consult a tax advisor for more information on withholding requirements for your state.

Note: Whether or not taxes are withheld, you will be liable for payment of all applicable federal and state income taxes and the taxable portion of this distribution. You may also be subject to penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

CERTIFICATION OF TAXPAYER IDENTIFICATION

Under penalties of perjury, I certify that:

1. My Social Security Number or taxpayer identification number shown on this form is correct;
2. I am not subject to backup withholding due to failure to report interest or dividend income;
3. I am a U.S. citizen or other U.S. person (as defined in the Internal Revenue Code); and
4. I am not subject to FATCA reporting because I am a U.S. Person and the account is located within the United States.

Certification Instructions- You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. If you are not a U.S. citizen or other U.S. person for tax purposes, please cross out certifications 3 and 4 and complete and return to us the appropriate IRS documentation.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholdings.

Owner(s) and/or Assignee(s) Signature(s) (required)	Title (if corp or trust)	Date (mm/dd/yyyy)
All Irrevocable Beneficiaries	Name and Title	Date (mm/dd/yyyy)
Other Required Signatures (if any)	Name and Title	Date (mm/dd/yyyy)

SPOUSAL CONSENT

If you reside in the following states AZ, CA, GU, ID, LA, NV, NM, TX, WA, or WI, your spouse must consent to this transaction. Unless the Company has been notified of a community property interest in this Certificate, we are entitled to rely on our good faith belief that no community property interest exists, and we assume no responsibility for inquiry.

SIGNING INSTRUCTIONS

Attorney-in-Fact	The attorney-in-fact must indicate capacity as "Attorney-in-fact", provide a copy of the entire power of attorney document, if not previously submitted.
Corporation or LLC	One officer of the company or managing member of the LLC must sign, indicate title and provide either a corporate or board of director's resolution, a copy of the Articles of Incorporation or operating agreement (for LLC's). If the signing officer or managing member is also the annuitant, a second officer or member must also sign (e.g. Jane Doe, President).
Guardian	The guardian must indicate capacity and provide a copy of the current guardianship documents (e.g. John Doe, guardian).
Partnership	All partners must sign with title, or the general or managing partner must sign with title. If the general or managing partner is also the annuitant, another partner must also sign, (e.g. John Doe, Senior Partner).
Spouse	In community property states (AZ, CA, ID, LA, NV, NM, TX, WA, WI) failure to include a spouse's signature may delay processing at claims time.
Trust	The trustee(s) must sign and indicate title as "trustee", according to the terms of the Trust Agreement, and submit a completed certification of Trustee powers form (e.g. Jane Doe, Trustee).