



ANNUITY LUMP SUM WITHDRAWAL FORM

See reverse to request periodic payments

118 Second Avenue SE Cedar Rapids, Iowa 52401

1-800-637-6318 FAX: 888-726-9736

Annuitant/Owner _____ I do hereby request a WITHDRAWAL from policy number _____ .

Please SELECT ONE only:

- \$ _____ Specify amount
 Accumulated Interest only
 10 percent of accumulated value

NOTE: If you are under the age of 59 1/2, you may be assessed a 10% penalty by the IRS for early withdrawal. Please consult your tax advisor.

IF YOU ARE REQUESTING 10% OR A SPECIFIC AMOUNT PLEASE NOTE:

If you are currently receiving interest payments:

- 1) any further payments for this policy year could be subject to a surrender charge.
2) the interest payment will drop if there is a reduction in principal.
3) a reduction in principal could lower your guaranteed interest rate.

Please SELECT ONE only*

- 1) [] Stop interest payments until my next anniversary.
2) [] Continue interest payments, deducting surrender charge, if any, from the account value.

*If you do not elect one of the above options we will proceed with Option 2

We encourage you to contact our Customer Service Department if you have any questions regarding the effects of your withdrawal.

Taxpayer Identification Number (TIN) Enter owner's TIN in the appropriate box. For individuals, this is the social security number (SSN). For other entities, it is the employer identification number (EIN).

Social Security Number

Employer Identification Number

OR

Certification-Under penalties of perjury, I (the owner) certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

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 of underreporting interest or dividends on your tax return. For real estate transactions item 2 does not apply.

- [] I do not want Federal Income tax withheld from my withdrawal payment
[] I do want Federal Income tax withheld from my withdrawal payment

\$ _____ or _____ %. Indicate amount or percentage if other than 10%.

[] Check this box ONLY if you want your payment automatically deposited into your checking account. Include a Voided Check.

Type or print your full name

Home address (number and street or rural route)

City or town, state, and ZIP code

SPOUSE SIGNATURE REQUIRED

Community Property States: Arizona, Idaho, Louisiana, New Mexico, Texas, Washington, Wisconsin and California. If you reside in one of the above states, your spouse's signature is required. If divorced, a copy of the divorce decree is needed. If deceased, a copy of the death certificate is needed.

Table with 2 columns: Owner's Signature and Spouse's Signature, each with a Date field below.



ANNUITY WITHDRAWAL FORM FOR PERIODIC PAYMENTS

FAX: 888-726-9736

See reverse for Lump Sum Withdrawals

Annuitant/Owner _____ . I do hereby request a PERIODIC PAYMENT OF INTEREST ONLY from policy number _____.

Please SELECT ONE only:

- _____ Annual*
- _____ Semi-annual*
- _____ Quarterly*
- _____ Monthly (must be at least \$50.00)*

NOTE: If you are under the age of 59 1/2 you may be assessed a 10% penalty by the IRS for early withdrawal. Please consult your tax advisor.

* Check this box if you want your payment automatically deposited, and include a Voided Check.

Taxpayer Identification Number (TIN) Enter owner's TIN in the appropriate box. For individuals, this is the social security number (SSN). For other entities, it is the employer identification number (EIN).

Social Security Number

Employer Identification Number

OR

Certification—Under penalties of perjury, I (the owner) certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding.

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 of underreporting interest or dividends on you tax return. For real estate transactions item 2 does not apply.

Form W-4P Department of the Treasury Internal Revenue Service	Withholding Certificate for Pension or Annuity Payments	OMB No. 1545-0415 20 _____
Type or print your full name		Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines:

- 1 I elect not to have income tax withheld from my pension or annuity. (Do not complete lines 2 or 3.)
- 2 I want my withholding from each periodic pension or annuity payment to be figured using the number of allowances and marital status shown. (You may also designate an amount on line 3.) _____
 Marital status: Single Married Married, but withhold at higher Single rate (Enter number of allowances)
- 3 I want the following additional amount withheld from each pension or annuity payment. **NOTE:** For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2. \$

Owner's signature ►	Date ►
Co-Owner's signature ►	Date ►

Directions to complete an annuity periodic payment form

This form is used to request periodic payments from a client's annuity policy. This form can be used if the client is requesting interest or a set dollar amount each period.

The following is what is needed to complete the form:

Enter the name of the annuitant

Enter the policy number

Select the frequency that the client wishes to receive payments

They have the option to have their payments sent directly to their bank account. We can put it into either their checking account or savings account. We will need a copy of a void check or bank routing number and savings account number to put into a savings account.

Enter the SS# of the owner of the policy. If the owner is an entity enter the EIN

In the W-4P sections print the owners name and address. In this section the client also has the option to request that we withhold taxes. The following is a explanation for withholding.

1. If the client DOES NOT want taxes withheld, mark this box
2. If the client puts information here we will check the tax table and either use the proper indicated amount or do a straight 10% for withholding
3. The client can choose either a specific amount to withhold or a specific percentage

All owners' needs to sign and if it is a community property state the spouse must also sign.

Form can be FAXed to: 888-726-9736

Directions to complete an annuity lump sum withdrawal form

This form is used to take a lump sum withdrawal from a client's annuity policy. DO NOT use this form to totally liquidate an annuity policy.

The following is what is needed to complete the form:

Enter the name of the annuitant

Enter the policy number

Select what amount of money to withdraw from the annuity policy

The next section is informational regarding the withdrawal. It then asks if you are taking scheduled payments from the policy if you want to continue to receive then.

Enter the SS# of the owner of the policy. If the owner is an entity enter the EIN

They can choose to have federal taxes withheld. They have the option of either a percentage or a specific dollar amount.

They have the option to have their payments sent directly to their bank account. We can put it into either their checking account or savings account. We will need a copy of a void check or bank routing number and savings account number to put into a savings account.

Print the owners name and address

The owner needs to sign and if it is a community property state the spouse must sign also.

Form can be FAXed to: 888-726-9736