

UNITED LIFE INSURANCE COMPANY

ANNUITY PARTIAL WITHDRAWAL REQUEST

Request Periodic Withdrawals by completing Sections 1, 3, 4 and 5.
Request a One-Time Partial Withdrawal by completing Sections 2, 3, 4 and 5.

Annuity Number	Annuitant	Owner

1. Periodic Withdrawals <i>(Sections 3 & 4 must also be completed.)</i>	I wish to begin receiving periodic withdrawals from my annuity. _____ MM/DD/YY <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Interest Only or <input type="checkbox"/> Specific amount of \$ _____ or <input type="checkbox"/> 10% of Accumulated Value \$ _____
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2. One-Time Partial Withdrawal <i>(Sections 3 & 4 must also be completed.)</i>	I request a one-time <input type="checkbox"/> gross or <input type="checkbox"/> net partial withdrawal of \$ _____. I understand that an early withdrawal penalty will apply if this withdrawal is more than the penalty-free amount allowed by my policy.
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3. Election for Withholding	If you elect not to have Federal Income Tax withheld, you are liable for payment of Federal Income Tax on the taxable portion of your withdrawal. You also may be subject to a 10% "Premature Distribution Penalty" if you are not yet 59½ and other tax penalties under the estimated tax payment rules if your payment of estimated tax and withholding, if any, are not adequate. Your election will remain in effect until you revoke it. You may revoke your election at any time by sending a completed, signed and dated revocation to this office. I <input type="checkbox"/> DO or <input type="checkbox"/> DO NOT want to have Federal Income Tax withheld from my withdrawal. \$ _____ or _____ % Indicate Amount or Percentage. I <input type="checkbox"/> DO or <input type="checkbox"/> DO NOT want to have State Income Tax withheld from my withdrawal. \$ _____ or _____ % Indicate Amount or Percentage. Resident State: _____
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4. Electronic Funds Transfer	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">NAME ADDRESS CITY, STATE, ZIP</td> <td style="text-align: right; font-size: 8px;">0123 01-23456789</td> </tr> <tr> <td style="text-align: center;">DATE</td> <td></td> </tr> <tr> <td style="font-size: 8px;">PAY TO THE ORDER OF</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="font-size: 8px;">BANK NAME ADDRESS CITY, STATE, ZIP</td> <td style="text-align: right; font-size: 8px;">DOLLARS</td> </tr> <tr> <td style="font-size: 8px;">FOR</td> <td></td> </tr> <tr> <td style="font-size: 8px;">⑆0123456789⑉01234567890123⑆0123</td> <td></td> </tr> <tr> <td style="font-size: 8px;">Routing Number Account Number</td> <td></td> </tr> </table> </div> <p style="margin-left: 20px;"> <input type="checkbox"/> Checking Account No. _____ <input type="checkbox"/> Savings Account No. _____ </p> <p style="margin-left: 20px;"> With _____ Name of Financial Institution _____ Routing Number </p>	NAME ADDRESS CITY, STATE, ZIP	0123 01-23456789	DATE		PAY TO THE ORDER OF	\$ _____	BANK NAME ADDRESS CITY, STATE, ZIP	DOLLARS	FOR		⑆0123456789⑉01234567890123⑆0123		Routing Number Account Number	
NAME ADDRESS CITY, STATE, ZIP	0123 01-23456789														
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FOR															
⑆0123456789⑉01234567890123⑆0123															
Routing Number Account Number															

For Direct Deposits
Attach a voided Check
with tape.



5. Authorization

I hereby authorize United Life Insurance Company to initiate electronic payment entries and to initiate, if necessary, adjustments for any electronic entry in error to my (our) account and at the financial institution indicated above, hereinafter called DEPOSITORY, to credit and/or debit the same such account. This authority is to remain in force and effect until United Life Insurance Company has received written notification from me (or either of us) of its termination in such time as to afford United Life Insurance Company and the DEPOSITORY a reasonable opportunity to act on it.

Owner Signature

Joint Owner Signature

Dated at _____ this _____ day of _____, 20____.
City/State Day Month

Owner Signature

Joint Owner Signature (if applicable)

Annuitant's Social Security No _____

Spousal Consent for Community Property States: If the policy owner is a resident of AZ, CA, ID, LA, NM, NV, TX, WA or WI, spousal consent is required, unless the participant has no legal spouse.

Spousal Signature (if applicable)

