UNITEDLIFE INSURANCE COMPANY

ANNUITY PARTIAL WITHDRAWAL REQUEST

Do not use this form to elect RMDs, {urrender, or exercise the GLBR (WealthChoice). Each requires a specific form.

Request Periodic Withdrawals by completing Sections 1 and o

Request a One-Time Partial Withdrawal by completing Sections 2 and o

Annuity Number	Annuitant(s)	Owner(s)

1. Periodic Withdrawals *(Section 3 must also be completed.)*

I request to begin receiving periodic withdrawals from my annuity _____ mm/dd/yy

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

☐ Specific amount of $_____ *(Net amount not available when MVA charges apply)*

☐ Interest Only

☐ Prior Year's Interest Only (Performance)

☐ 10% of Accumulated Value (Performance not available penalty-free unless rider was elected at the time of application)

Important: Review your policy for applicable surrender charges, MVA (Performance) or other fees related to this request. All applicable charges will reduce your payout amount.

2. One-Time Partial Withdrawal (*Section 3 must also be completed.)*

I request a one–time

☐ Gross $ _____

☐ Net* Partial Withdrawal of $ _____ ** Net amount not available when MVA charges apply*

☐ 10% of Accumulated Value

☐ Interest Only

☐ Prior Year's Interest Only (Performance)

☐ Maximum Penalty-Free Amount available

An early withdrawal penalty will apply if this withdrawal is more than the penalty-free amount allowed by my policy.

3. Payment Method

☐ Mail check to me at the following address:

_____

If this address is different than the address we have on record, there may be a delay while we validate your address.

☐ Deposit my distribution requested directly into the following bank account (include a void check):

Note: Voided check is required if a One-Time Partial Withdrawal (Section 2 above) is completed.

For existing contracts, if the bank information below does not match what we already have on file, there may be a delay while we verify the new bank information.

_____ Routing Number

_____ Name of Financial Institution

☐ Checking Account No. _____

☐ Savings Account No. _____

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 inforce 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.

4. Federal & State Withholding Instructions

For Federal withholding, an IRS Form W-4P (for periodic payments) or a W-4R (for one-time payments) may be required. For State withholding, some states require a state specific W4 Form to be submitted. All distribution requests require the submission of the Withholding Instructions page (last page of this document). The Withholding Form requirements are outlined within the Withholding Instructions form.

5. Certification

Substitute IRS Form W-9 Under penalties of perjury, I 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 (IRS) 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; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

6. Signature and Authorization

I hereby accept the elections made above and agree with the terms of this form and its instructions. I acknowledge that United Life Insurance Company (United Life) employees, agents or representatives do not give tax, legal or accounting advice. I agree to consult with my own attorney, accountant or professional tax advisor for details relating to my specific situation. I understand that I am responsible for this request, including all tax liability and other possible consequences which may be involved. I acknowledge that United Life is not responsible, and I agree to indemnify and to hold United Life harmless from any resulting liabilities.

By my signature, I acknowledge that there could be surrender charges, MVA (Performance) or fees associated with this request which would reduce the amount of my payment.

By providing my signature below, I understand that to ensure the security of my account and funds, United Life Insurance Company may obtain a consumer report from a consumer reporting agency or similar entity to help verify the validity and accuracy of the account information provided.

PLEASE SIGN BELOW

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

_____ _____
Owner's Signature Owner's SSN

_____ _____
Joint Owner's Signature (if applicable) Joint Owner's SSN (if applicable)

_____
Spousal Signature* (if applicable)

***Consent of Spouse of Owner** - If Owner is married and lives in one of the following "community property states" (AZ, CA, ID, LA, NM, NV, TX, WA, & WI), the Owner's Spouse must also sign. Otherwise, unless the Company has been notified of a community or marital property interest in this policy, if there is no signature, we will assume that there is no such interest.

UNITEDLIFE
INSURANCE COMPANY

WITHHOLDING INSTRUCTIONS

Periodic Withdrawals-must review/complete Sections 2, 4 & 5
One-Time Withdrawal or Surrender-must review/complete Sections 3, 4 & 5

Contract Number	Owner Name	Resident State

1. Notice of Withholding

Even if you elect not to have Federal income Tax withheld, you are liable for the payment of Federal Income Tax on the taxable portion of the withdrawal. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. You may contact us at any time prior to the distribution to change or revoke your election. If the withholding section is left blank, you do not provide a completed IRS Form W4-P or IRS Form W4-R, or if your social security or tax identification number is not provided, tax will be withheld from your payment(s) as required by the IRS.

2. Federal Withholding Election for Periodic Withdrawals

IRS Form W4-P is required for this transaction. Please visit **www.irs.gov/forms** and search "W4-P" to obtain the required W4-P Form. If you do not wish to have Federal Withholding taken from your periodic withdrawals, please indicate such below:

☐ I do not want Federal Income Tax Withheld from my periodic withdrawals

Failure to opt out of Federal Withholding above or provide a completed IRS Form W-4P will result in tax being withheld from your payments as if your filing status is single with no adjustments (as outlined in the IRS Form W-4P instructions, page 3).

3. Federal Withholding Election for One-Time Partial Withdrawal or Full Surrender

IRS Form W4-R is required for this transaction. Please visit **www.irs.gov/forms** and search "W4-R" to obtain the required W4-R Form. If you do not wish to have Federal Withholding taken from your one-time partial withdrawal, please indicate such below:

☐ I do not want Federal Income Tax Withheld from my one-time partial withdrawal or full surrender

Failure to opt out of Federal Withholding above or provide a completed IRS Form W-4R will result in 10% of your withdrawal amount being withheld from your payment (as outlined in the IRS Form W-4R instructions, page 2).**If your distribution is an eligible rollover distribution, the default withholding amount for your withdrawal will be 20% as outlined in the IRS Form W-4R instructions, page 2).**

4. State Withholding Election for Periodic Withdrawals, One-Time Partial Withdrawal or Full Surrender

State income tax withholding may be required from your distribution. In some cases, you may elect not to have withholding apply, or you may elect a rate of withholding or a flat dollar amount. In other cases, state income tax withholding is not available. If you do not make an election, we will apply withholding (if required) at the minimum or default rate based on your state of residency as determined by your legal address of record. Please consult the Department of Revenue/Department of Treasury or similar Department in your resident state for further details on the specific requirements.

☐ I do not want state income tax withheld from my distribution(s)

☐ I want state income tax withheld from my distribution(s) Please provide the following:

☐ Single ☐ Married _____# of allowances

☐ I want $_____ or _____% state income tax withheld from my distribution(s)
(if you have checked the box above this will be in addition to that amount)

****Residents of MN and MI must complete a state-specific withholding form. Failure to opt out of state withholding above or provide a completed state withholding form will result in tax being withheld from your payment as if your filing status is single claiming zero allowances (as outlined on W-4MNP and MI W-4P form instructions). Please visit the MN Department of Revenue or MI Department of Treasury website for a copy of the W-4 form for one-time partial withdrawals.**

5. Signatures (This Section Must Be Fully Completed

Owner's Signature | Date (Required) | SSN/TIN