

Systematic Withdrawal Program

SA5550SW (5/11)

- **This form is for non-qualified or IRA annuities only.** For 401(k) distributions or substantially equal payment programs under IRC Section 72(t) and 72(q), please contact our Annuity Service Center at (800) 445-7862.
- **If you have elected a living benefit,** use **section 2** to set up your income under your feature. Then complete sections 4, 5, 6 and 7.
- **If you have NOT elected a living benefit,** use **section 3** to set up systematic withdrawals under your contract. Then complete sections 4, 5, 6 and 7.
- Funds will be withdrawn proportionately from all portfolios. If you want to set up portfolio-specific withdrawals, please contact our Annuity Service Center at (800) 445-7862 or use form #SAFAF5550.
- Systematic withdrawals may be subject to withdrawal charges. See your prospectus and/or contract for more information.

Please print or type.

1 Account Information

Account Number (if available) _____ SSN or TIN _____

Owner's Last Name _____ First Name _____ MI _____

Joint Owner's or Annuitant's Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Email _____

2 Optional Living Benefit Systematic Withdrawal

Program Considerations – see your prospectus for complete details:

- *The systematic withdrawal program is designed to provide you with regularly scheduled withdrawals based on the amount available under the feature; payments will automatically increase whenever a new eligible premium is received or a maximum anniversary value (as defined under the feature) is achieved.*
- *Optional living benefit features may vary depending on when and in what state you purchased your contract. Therefore, all the withdrawal options listed below may not be available to you. Please refer to your Quarterly Statement under the section titled "Important Information About Your Account" to determine the amount available for withdrawal each year under your optional living benefit feature or call our Annuity Service Center at (800) 445-7862.*
- *If your contract is subject to Required Minimum Distributions (RMD) and the RMD amount attributable to the contract in any benefit year is greater than the maximum annual withdrawal amount otherwise available under the living benefit, the RMD amount will be treated as the maximum annual withdrawal amount.*
- *If you elected Income Plus 6%® or Income Builder 8%®, you cannot elect a portfolio-specific withdrawal from the Secure Value Account.*
- *All applicable taxes will be deducted from the gross check amount.*

By my signature in Section 7, I certify that I have read the following **Certifications/Notifications**:

- Withdrawals taken outside of the optional Living Benefit income program or in excess of the maximum amount allowed under the living benefit feature will terminate the Systematic Withdrawal program. A new form must be submitted to start a new program.
- Withdrawals in excess of the maximum amount allowed under the living benefit feature may have an adverse effect on your living benefit.
- For some policyholders, a lifetime withdrawal is available, but under certain conditions can be forfeited. Please see the prospectus for important restrictions.

Income Options (check one box below):

☐ Option A - **Withdrawals of the maximum annual withdrawal amount:** Withdraw the maximum annual withdrawal amount available each year under the benefit.

☐ Option B - **Withdrawals for less than the maximum annual withdrawal amount. Example:** If the maximum annual withdrawal amount is \$5,000 but you want \$1,000, indicate 20% and \$1,000 below.

Withdraw _____ % of the maximum annual withdrawal amount, which equals \$ _____ per year.

☐ Option C - **Required Minimum Distribution:** Set up automatic withdrawals of your RMD under your feature.

3 Standard Systematic Withdrawals (if you have not elected a living benefit)

- Choose one: ☐ Withdraw \$ _____ per period
- ☐ Withdraw _____% of the total purchase payments per year (please use whole percentages)
- ☐ Withdraw interest only (may not be available for all products; please see your prospectus or financial advisor)

- Choose one: ☐ **(Default if you don't make a choice.)** Deduct all applicable taxes and/or withdrawal charges **from the check**. Example: For a \$1,000 withdrawal with total taxes/withdrawal charges of \$300, your check amount would be \$700.
- ☐ Deduct all applicable taxes and/or withdrawal charges **from the remaining contract value**. Example: For a \$1,000 withdrawal with total taxes/withdrawal charges of \$300, your check amount would be \$1,000 and we would deduct the \$300 from your remaining contract value.

4 Frequency of Withdrawals

- Choose a frequency: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually
- Begin my payments:* ☐ Immediately ☐ On _____ (Date)** ☐ On my next anniversary

***Important Note for withdrawals under a living benefit:** Because the entire annual amount requested is paid over each contract year, if you elect a date other than "Immediately" or "On my next anniversary" above, your living benefit withdrawal amounts can vary in subsequent contract years. The variation can occur because your first-year withdrawal amount will be paid over a shorter period of time.

****If this date has passed, we will use the closest possible business day from receipt of this form, assuming all paperwork is in good order.**

5 Tax Withholding

If this section is not completed, we will withhold federal income tax of 10% and you may be subject to mandatory state withholding. Even if you elect not to have federal and/or state income tax withheld, you are still liable for the payment of federal and/or state income tax on the taxable portion of your withdrawal. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. If a distribution is taken prior to age 59½, you may be subject to an IRS premature distribution penalty of 10% of the taxable amount.

Your state of residence may require that your state income tax withholding election be provided to us on a specific state form. If this is the case in your state, state income tax withholding will not begin until after your state withholding election is received by our office on the required state form.

Please select the appropriate box(es):

- ☐ **Do not withhold** federal income tax
- ☐ Withhold a specific percentage for federal income tax of _____% (max 50%) and state income tax of _____% (max 50%)
- ☐ Withhold a specific dollar amount for federal income tax \$ _____ and state income tax \$ _____

6 Delivery Options (please select one)

- ☐ Electronic Fund Transfer (EFT)—direct deposit to your bank account. **Please complete the information below and attach a voided check** (deposit slips and starter checks are not accepted)

Account Holder's Last Name _____ First Name _____ MI _____

Financial Institution Name _____ Type: ☐ Checking ☐ Savings*

Routing Number _____ Account Number _____

Please allow 10 business days to set up the EFT. Your first withdrawal may be a check sent to the address of record. Once EFT is set up, please allow two business days from each withdrawal date for the payment to be credited to your bank account.

**If a voided check is not available, please include a letter on bank letterhead confirming your savings account information.*

- ☐ **(Default)** Mail to address of record

If a different delivery option is desired, please call our Annuity Service Center at (800) 445-7862.

7 Signature(s)

Owner Signature _____ Date _____

Joint Owner Signature _____ Date _____