

Systematic Withdrawal Request

POLICY NUMBER _____ ANNUITANT _____

DATE _____ OWNER'S DAYTIME PHONE # () _____ OWNER _____

I/We request a systematic withdrawal be established under the provisions of the subject contract. Benefits applicable to the amount withdrawn are waived. I/We understand the contract provisions regarding early withdrawal charges.

PLEASE READ Your annuity interest rate is credited on a daily basis to provide an annual yield. If you choose to withdraw your accumulated interest on a systematic basis, the effect of compounding will be lost.

- I. Amount:** \$ _____ (Minimum payment \$50.00)
 Accumulated interest payable (Minimum payment \$50.00)
- II. Frequency:** Monthly Quarterly Semi-annual Annual
- III. Processing Date:** 1st 10th 25th

Your policy must be in force for a full month before your payments begin; therefore, the amount of your first payment could be for more than one month.

IV. Method:

IMPORTANT !!! Direct Deposit means your money **will be in your account** on the 1st, 10th, or 25th. If the banks are closed on those dates, the money will be in your account the first working day following.

Paper check means your check **will be mailed** from Amarillo, TX on the 1st, 10th, 25th (or the first business day following if one of those dates is on a weekend or holiday). **PLEASE ALLOW SUFFICIENT MAILING TIME FOR RECEIPT OF YOUR FUNDS.**

- Direct Deposit (EFT) You must attach a **Voided Check** for routing number verification.

Name of Financial Institution

Address of Financial Institution

Account #

Transit / Routing Number

- Paper check

If check should be mailed to an address other than the owner(s) address on your contract, please provide that address below.

Street address

City

State

Zip

V. Withholding Election:

Please read the Notice of Federal Withholding Election on Page 2 of this form prior to completing this section.

Unless you check Box "A" below, "I **DO NOT** want to have Federal income tax withheld from my withdrawals", we are required to withhold at least 10% of the taxable amount.

- A. I **DO NOT** want to have Federal income tax withheld from my withdrawals.
 B. I **DO** want to have _____ % Federal income tax withheld (10% minimum). *

Even 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 tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

* Note: If you elect federal withholding, state income tax withholding is mandatory in the following states: CA, GA, IA, ME, MA, NC, OK, OR, VT, and VA. Unless these states' laws require otherwise, or you request a different withholding amount by providing First SunAmerica Life Insurance Company ("FSALIC") the applicable state form, FSALIC will withhold state income tax based on federal guidelines. In all other states with a state income tax, state income tax withholding is voluntary. However, you may be liable for payment of state income tax on the taxable portion of your distribution. State withholding forms are available through FSALIC by calling 1-877-289-0256, or by contacting your local state tax office.

You and the Internal Revenue Service will be provided with an informational tax form after the close of the calendar year. **A withdrawal of any type, before age 59 1/2, may subject you to an IRS penalty tax.**

