First United American Life Insurance Company
Annuity Systematic Withdrawal Request

Annuity Contract Number _____ Contract Owner _____

I, the undersigned contract owner request a systematic withdrawal as indicated below.

- ☐ Requested Amount $_____
- ☐ Life Expectancy Withdrawal:
  The sum of each payment will be automatically recalculated each year based on IRS Life Expectancy Tables for my attained age.
- ☐ Interest Only Withdrawal:
  The interest will be automatically withdrawn each pay period, provided the interest calculated is $100 or greater.

Mode of Payment ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

This request will be in effect until the funds are exhausted or I notify United American Insurance Company otherwise.

Start Date _____ (1st or 15th of the month - specify starting month)

Withdrawing funds will reduce the contract's declared annual yield.

Payment Method Requested:

☐ Company Check ☐ Direct Deposit (attach completed Authorization Agreement For Direct Deposit)

Failure to complete the following may result in the delay of processing your request.

- ☐ I **DO NOT** want to have Federal Income Tax withheld.
- ☐ I **DO** want to have Federal Income Tax withheld from the taxable portion of my distribution at a rate of 10%. Please note that the tax is deducted from the amount requested.

- Notice to residents of CA, IA, KS, ME, MA, OR and VT: State Income Tax will be withheld if Federal Withholding is elected unless you check off the following State Withholding Box.
  - ☐ I do not want State Income Tax withheld.
- Notice to CT, MT, NM, and NJ residents: State Income Tax is voluntary. Please specify an even $ amount not less than $10. $_____

Payer's Request for Taxpayer Identification Number and Certification

Social Security Number _____ / _____ / _____ Employer I.D. Number _____ / _____

Certification — Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number and that I am not subject to backup withholding because 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 the IRS has notified me that I am no longer subject to backup withholding.

OHIO INSURANCE FRAUD WARNING: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Please notify us immediately of any changes to the above information.

_____ _____ _____
Signature Telephone Number Date

_____ _____
Address Witness

_____
City State Zip

Original - United American **Yellow** - Customer **Pink** - Sales Representative