

REQUEST FOR WITHDRAWAL IRA/Nonqualified

Account Number	Owner's Name	Telephone Number
Address <input type="checkbox"/> Check if address has changed		

NOTE: Withdrawals taken prior to age 59½ may be subject to an additional 10% IRS early distribution penalty

Partial Withdrawal:
If you are currently also taking repetitive payments, do you want to continue these payments? Yes No

Specific Dollar Amount \$ _____ Net or Gross
 Maximum Surrender Penalty Free. (Refer to your annuity contract for details)

Total Withdrawal:
 I request a withdrawal of the entire amount from my annuity account. I have reviewed my contract and understand that withdrawal charges may apply and this will terminate my contract.

Variable Annuities Only:
Payment will be made proportionately from all funds within the product selected unless otherwise indicated below.

_____	FUND NAME	_____	\$ or %
_____	FUND NAME	_____	\$ or %

IRA Participants - Age 70½ and older: Must select one of the following regarding the withdrawal amount requested.

This request is a withdrawal in addition to my current Required Minimum Distribution at First Symetra National Life Insurance Company of New York.

This request satisfies my Required Minimum Distribution at First Symetra National Life Insurance Company of New York.

Payment Instructions: Payment will be sent regular mail to the address on record if an option is not selected.

Electronically transfer to my bank account.
- **Please attach a voided check.**
- **This option is not available for amounts in excess of \$150,000.**
- **If your account number starts with LP or AN2, this option may not be available to you and we will mail a check to the address shown above.**

Mail check to address shown above.

Federal Withholding (Form W-4P/OMB No. 1545-0415):

If a box is not selected, First Symetra National Life Insurance Company of New York is required by IRS regulations to withhold 10% Federal Income Tax of the taxable portion of the distribution.

- I elect to waive withholding of Federal Income tax. I understand I am liable for the payment of Federal Income tax on the amount received. I also understand that I may be subject to Federal Income tax penalties under the estimated tax payment rules if my payments of the estimated tax and withholding are insufficient.
- Withhold Federal Income tax at a rate of _____% (not less than 10%) or \$_____ (not less than \$10)

State Income Tax Withholding:

- I elect to waive withholding of State Income tax.
- Withhold State Income tax in the amount of \$_____ or _____% of my Taxable Distribution or Federal Income Tax amount
- 1) City of New York Income tax (New York city residents only) \$_____ or _____%
- 2) City of Yonkers Income tax surcharge (Yonkers residents only) \$_____ or _____%

Fraud Notice: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Owner's Signature

Date

 SIGN HERE

Joint Owner's Signature (if jointly owned)

Date