

Mailing Address: Annuity Service Center • P.O. Box 871 • Amarillo, TX 79105-0871
 Overnight Mailing Address: Annuity Service Center • 1050 N. Western Street • Amarillo, TX 79106-7011

Annuitant: _____ Contract/Certificate Number: _____

Daytime Telephone Number: _____

Note: If you borrow, surrender, or withdraw any funds from your contract/certificate, the guaranteed elements, non-guaranteed elements, face amount, or surrender value of your existing contract/certificate may be affected.

<p>SECTION I</p> <p>MINIMUM DISTRIBUTION ELECTION</p> <p>Index Annuity Contract Owners Only: Since earnings are calculated and credited at the end of the term, any amounts withdrawn, including withdrawals to satisfy IRS minimum distribution requirements, will not earn equity-linked or declared rate interest for the entire index term. For this reason, it may not be in your best interest to take annual withdrawals from your Index Annuity in order to satisfy IRS minimum distribution requirements. We recommend that you take these distributions from another source if possible.</p>	<p>Select only one option:</p> <p><input type="checkbox"/> A. I elect to withdraw my required minimum distribution from my annuity based on the entire account balance of my contract/certificate. <i>(Please complete ALL sections.)</i></p> <hr/> <p><input type="checkbox"/> B. 403(b) TSA Contract Owners Only: I elect to withdraw my required distribution from my annuity based on the accrued benefits since December 31, 1986. <i>(Please complete ALL sections.)</i></p> <hr/> <p><input type="checkbox"/> C. I elect to withdraw my required minimum distribution from another institution. <i>(Please sign below.)</i></p> <p>The Insurer is entitled to rely on my election to take my annual required minimum distributions from another institution. I assume all responsibility for any tax consequences that may result from aggregating my accounts. I agree to supply the other institution(s) with the account balance of my annuity. I understand my election will remain in effect until I notify the Insurer of my intent to begin taking distributions from my annuity.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature _____ Date</p> <hr/> <p><input type="checkbox"/> D. I elect to defer taking my required minimum distribution from my annuity until I retire. I will be responsible for notifying the Insurer when I retire. (This option is not available to 5% owners or IRA owners.)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature _____ Date</p>
<p>SECTION II</p> <p>METHOD OF CALCULATION</p>	<p>Select only one option:</p> <p><input type="checkbox"/> A. Uniform Lifetime Method (This option is available to all annuitants).</p> <p><input type="checkbox"/> B. Joint Life Recalculated Method (This option is available only if your sole beneficiary is your spouse AND he/she is more than 10 years younger than you.)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name of Spouse _____ Date of Birth of Spouse</p>
<p>SECTION III</p> <p>PAYMENT DATE AND FREQUENCY</p>	<p>I would like to begin receiving my payment _____, _____.</p> <p style="text-align: center; margin-left: 100px;">Month Year</p> <p>I would like my payment on the ____ 10th ____ 25th ____ or the last day of the month.</p> <p>I would like my payment to be made ____monthly ____quarterly ____semi-annually ____or annually.</p> <p>(For monthly, quarterly, and semi-annual payments, the minimum payment amount is \$50.00. If your payment is less than \$50.00, we will process the payment when the minimum amount is accumulated and adjust the frequency accordingly.) If the frequency or month of the first installment is not indicated, payments will be made annually.</p>

Please complete Page 2 of this form. Failure to do so may delay your request.

