Deferred Annuity Withdrawal Form

The United States Life Insurance Company in the City of New York
Annuity Service Center, P.O. Box 3018, Houston, TX 77253-3018 • 800-242-4079

1. Contract Identification (Sections 1 & 6 must be completed for all requests.)

Contract #: ______________________ SSN/Tax ID #: ______________________

Owner(s): ______________________

Address: ______________________

☐ Check here if new address

Phone #: ______________________ Owner's Email Address: ______________________

2. Request for Partial Withdrawal (Do not complete for recurring systematic withdrawals)

WITHDRAWALS PRIOR TO AGE 59 1/2 MAY BE SUBJECT TO IRS PENALTY.

Amount requested will be: ☐ Net **OR** ☐ Gross of applicable charges

If no method is indicated, distributions will be made **GROSS** of all applicable charges.

☐ Amount requested to be withdrawn: $ ____________ **OR** ☐ Available Free Amount (Deferred Annuities only)

This is NOT A LOAN and may only be granted if specifically provided within the terms of said contract. The total value remaining may not be less than any limits defined within said contract provisions. The amount of Partial Withdrawal/Surrender will be subject to any charges specified in the contract provisions.

Check(s) will be made payable to the Contract Owner(s) and mailed to the address listed in Section 1 unless otherwise specified below.

Check one: ☐ Mail check to owner ☐ Mail check to alternate address

______________________ ______________________
Alternate Individual or Institution / Account Number (if applicable)

______________________ ______________________
Address / City/State/Zip

3. Systematic Withdrawal (Do not complete for non-recurring withdrawal requests.)

WITHDRAWALS PRIOR TO AGE 59 1/2 MAY BE SUBJECT TO IRS PENALTY. SYSTEMATIC WITHDRAWALS ARE NOT AVAILABLE FOR ALL PRODUCTS. PLEASE REFER TO YOUR CONTRACT FOR ANY APPLICABLE CONTRACT CHARGES.

***WITHDRAWALS MAY BE SUBJECT TO INCOME TAXES. PLEASE CONSULT A TAX ADVISOR.**

A. I request that DISTRIBUTIONS be based on:

- ☐ INTEREST only (Note: check will produce only for an amount equal to the number of days in the frequency elected.)
- ☐ SPECIFIED DOLLAR AMOUNT $____________ (not to be used for one-time partial withdrawal request)
- ☐ ANNUAL PERCENTAGE ________% (Note: This option may exceed annual free amount.)
- ☐ FREE AMOUNT (Note: Only available for annual processing on contract anniversary date. USL must be notified at least 15 days prior to contract anniversary for this option.)
- ☐ BENEFICIARY LIFETIME PAYOUT (**Annually Only**)

B. FREQUENCY OF PAYMENTS: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

RETURN COMPLETED FORM TO THE ADDRESS ABOVE OR FAX TO (713) 620-3829

C. First check to be processed* on _____/_____/_____. **The date chosen must be at least 30 days after the contract effective date.**
mm dd yy

***NOTE:** The payment will be processed on the date indicated. Subsequent payments will be processed on the SAME DAY of the month elected as your start date. If the Free Amount option is chosen, the check processing date will default to the contract anniversary. Please allow 3-5 additional days following the processed date for receipt of payment.

The Systematic Withdrawal option terminates on the contract's annuity date. You may cancel the Systematic Withdrawal process at any time by notifying the Home Office in writing.

DELIVERY METHOD: If no method is indicated, checks will be made payable to the Contract Owner(s) and mailed to the address on record.

Check one:

☐ Mail check to owner
☐ Deposit funds directly into bank if you would like to have your systematic withdrawals deposited directly to your checking or savings account, complete the following:

Bank Name: ______________________ Name on Account: ______________________

Bank Address: ______________________ Bank Phone: ______________________

City __________ State ______ Zip ______ Type of Account: ☐ Checking** ☐ Savings

Bank Account #: ______________________ ABA Routing # (obtain from bank): ______________________

**If payments are to be deposited into a checking account, enclose a voided check from the account. If a voided check is not attached, check will be sent to the address on record. PLEASE DO NOT ENCLOSE A DEPOSIT SLIP.

☐ Mail check to alternate address

______________________ ______________________
Alternate Individual or Institution Account Number (if applicable)

______________________ ______________________
Address City/State/Zip

4. Request for Full Surrender

WITHDRAWALS PRIOR TO AGE 59 1/2 MAY BE SUBJECT TO IRS PENALTY.

☐ Full Withdrawal/Contract is attached.

☐ Full Withdrawal/Contract is lost.

I hereby declare that the contract specified above has been lost, destroyed or misplaced and request that the value of the contract be paid. I agree to indemnify and hold harmless USL against any claims which may be asserted on my behalf and on the behalf of my heirs, assignees, legal representatives or any other person claiming rights derived through me against USL on the basis of the contract.

Check(s) will be made payable to the Contract Owner(s) and mailed to the address listed in Section 1 unless otherwise specified below.

Check one: ☐ Mail check to owner ☐ Mail check to alternate address

______________________ ______________________
Alternate Individual or Institution Account Number (if applicable)

______________________ ______________________
Address City/State/Zip

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5. Notice of Withholding (This section must be completed)

Annuity payments may be subject to Federal and State income tax withholding. If you elect not to have withholding apply to your payments, or if you do not have enough Federal and State income tax withheld, you may be responsible for payment of estimated tax. You may incur tax penalties if your withholding and estimated tax payments are not sufficient. You may revoke your withholding election at any time by completing a new W4-P and returning it to the Company. **If a W4-P is not included or withholding is not indicated below, Federal and state withholding will be deducted as required by law.**

Federal Tax Withholding:

Check one: ☐ I do **NOT** want income tax withheld from this distribution.

☐ I do want 10% **OR** ________%/$________________ income tax withheld from this distribution.

State Tax Withholding:

Check one: ☐ I do **NOT** want income tax withheld from this distribution.

☐ I do want 10% **OR** ________%/$________________ income tax withheld from this distribution.

6. Notice Regarding Excess Withdrawals (only applies if you are withdrawing GMWBs or Guaranteed Minimum Withdrawal Benefits)

If you have begun withdrawing Guaranteed Minimum Withdrawal Benefits and your withdrawal or surrender request in section 2, 3 or 4 is in excess of your maximum annual withdrawal benefit amount (Excess Withdrawal), the withdrawal will result in a permanent reduction in your future GMWB amounts. If you would like to make an Excess Withdrawal and are uncertain how it would reduce your future GMWB amounts, you may contact the Annuity Service Center prior to requesting the withdrawal. We will provide you with a personalized, transaction-specific calculation showing the effect of the Excess Withdrawal. You may also call if you are unsure whether your withdrawal would be an Excess Withdrawal.

7. Affirmation/Signature (Complete this section for all requests.)

All statements made on this withdrawal form are true to the best of my knowledge and belief. I agree to all terms and conditions as shown. I have read and understand and agree to the terms of this withdrawal form.

FOR FULL SURRENDERS ONLY - By signing this form, I acknowledge the following:

1. I understand that this transaction may involve tax consequences; I may want to review this transaction with a qualified tax advisor prior to surrender.
2. I understand that any applicable surrender charges will be deducted from my account value and cannot be refunded.
3. I understand that an exchange for a new annuity contract will likely result in a new surrender charge period under the new contract.

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back-up withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

______________________________ ______________________________

Signature of Owner Date

______________________________ ______________________________

Signature of Joint Owner (if applicable) Date

RETURN COMPLETED FORM TO THE ADDRESS ABOVE OR FAX TO (713) 620-3829

New York State Department of Taxation and Finance

Annuitant's Request for Income Tax Withholding

IT-2104-P (8/11)

New York State • New York City • Yonkers

Print or type			
First name and middle initial	Last name		Your social security number
Permanent mailing address *(number and street or rural route)*		Apartment number	Annuity contract claim or identification number
City, village, or post office	State	ZIP code	

Enter the whole dollar amount to be withheld from each annuity or pension payment:			
	1 New York State income tax	1	
	2 New York City income tax *(If a New York City resident)*	2	
	3 Yonkers income tax surcharge *(If a Yonkers resident)*	3	

I request voluntary income tax withholding from my annuity or pension payments as authorized by section 671(b) of the Tax Law.

Signature of annuitant	Date

Instructions

Payee

Who may file

If you receive an annuity or pension payment that must be included in your New York adjusted gross income, you may file this form to have New York State income tax (and, if a **New York City or Yonkers** resident, that city's personal income tax) withheld from each payment. However, the annuity or pension must be payable over a period longer than one year.

Where and how to file

File this form with the payer of your annuity or pension. Enter on the front the **whole dollar amount(s)** that you want withheld from **each** annuity or pension payment. However, **each** amount must be at least $5 per month and should not reduce the annuity or pension payment you receive to less than $10. Quarterly payments of estimated income tax may be made in addition to or instead of withholding; see Form IT-2105-I, *Instructions for Form IT-2105*, for more information.

If you need help completing this form, call (518) 457-5181.

Duration of withholding request

Your request for voluntary withholding will remain in effect until you terminate it.

How to terminate a withholding request

You may terminate your request for voluntary withholding by giving your payer a written termination notice.

Statement of income tax withheld

After the end of the year, your payer will give you federal Form 1099-R, *Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.*, showing the gross amount of annuity or pension payments and the total amount deducted and withheld as tax during the calendar year.

Payer

Keep this certificate with your records.

See the instructions for Form NYS-1, *Return of Tax Withheld*, and Form NYS-45, *Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return*, for payment and reporting requirements for New York State, New York City, and Yonkers personal income taxes that you withheld from annuity or pension payments.

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.