

POLICY / CERTIFICATE NUMBER _____ ANNUITANT / PARTICIPANT _____

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 Benefits applicable to the amount withdrawn are waived.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) Checking Account Savings Account
- (Note: Please attach a Voided Check or Deposit Slip 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.

The distribution(s) you receive from the Insurer are subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the taxable portion of your distribution. Your withholding election will remain in effect until you revoke it. The Insurer may be required to withhold 20% in federal income tax from a distribution from a 403(b) plan. If mandatory 20% withholding does not apply, the Insurer will withhold 10% of the taxable amount unless you indicate otherwise on page 2. Spousal beneficiaries receiving eligible rollover distributions from 403(b)s may be subject to 20% mandatory withholding. Contract owners and spousal beneficiaries receiving distributions from IRAs and nonqualified annuities are not subject to 20% withholding.

