

# REQUEST FOR WITHDRAWAL

## Annuities



| CONTRACT INFORMATION |  |                         |  |
|----------------------|--|-------------------------|--|
| Contract #:          |  |                         |  |
| Annuitant Name:      |  |                         |  |
| Date of Birth:       |  | Social Security Number: |  |

| COMPLETE FOR NONPERIODIC WITHDRAWAL (Select One)                                                           |                          |
|------------------------------------------------------------------------------------------------------------|--------------------------|
| If you request a one-time withdrawal, complete the Nonperiodic Payments Withholding Election section below |                          |
| Specified Amount:                                                                                          | \$                       |
| Interest Only Amount:                                                                                      | \$                       |
| RMD Amount:                                                                                                | <input type="checkbox"/> |

| COMPLETE FOR PERIODIC (RECURRING) WITHDRAWALS                                                   |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If you request recurring withdrawals, complete the Periodic Payments Withholding Election below |                                                                                                                                                                              |
| Specified Amount:                                                                               | \$                                                                                                                                                                           |
| Interest Only Amount:                                                                           | \$                                                                                                                                                                           |
| RMD Amount:                                                                                     | <input type="checkbox"/>                                                                                                                                                     |
| Frequency:                                                                                      | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual (If not checked, annual is assumed) |
| First Payment:                                                                                  | Starting Month: Starting Year:                                                                                                                                               |

| DISTRIBUTION TYPE (If left blank, Gross amount is assumed)                                                                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> I request the GROSS amount of the selection above (Amount paid will be decreased by any withholding, surrender charges and/or fees) |  |
| <input type="checkbox"/> I request the NET amount of the selection above (Amount withdrawn will be increased by any withholding, surrender charges or fees)  |  |

| PAYMENT METHOD                            |                                                                                                        |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Check:                                    | <input type="checkbox"/>                                                                               |
| ACH:                                      | I hereby authorize BetterLife to make deposits into my account at the financial institution indicated: |
| <input type="checkbox"/> Checking Account | Name of Financial Institution: _____                                                                   |
| <input type="checkbox"/> Savings Account  | 9 Digit Routing Number: _____ Account Number: _____                                                    |

| WITHHOLDING ELECTION - Nonperiodic Payments – IRS Form W-4R Substitute                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Complete this section for a one-time withdrawal                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Select one:                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <input type="checkbox"/> <b>#1 – No Withholding (Nonperiodic Payments Only)</b>                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| I elect <b>NOT</b> to have federal income tax withheld from the taxable portion of my nonperiodic payment, where permitted by law.                                                                                                                                                                                                                                                                                                                                                   |  |
| <input type="checkbox"/> <b>#2 – Elect Federal Withholding Rate</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| I elect to have _____ % or \$ _____ withheld from the taxable portion of my distribution.                                                                                                                                                                                                                                                                                                                                                                                            |  |
| If no option is selected, <b>10% will be withheld for payment of federal tax</b> , which is the default withholding rate for nonperiodic payments.                                                                                                                                                                                                                                                                                                                                   |  |
| <b>Nonperiodic Payments (Form W-4R Rules)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| <i>Applies to one-time withdrawals, lump-sum payments, partial withdrawals, or other distributions that are not paid at regular intervals.</i>                                                                                                                                                                                                                                                                                                                                       |  |
| Federal income tax withholding applies to the taxable portion of nonperiodic payments from annuities, including IRA annuities. You may choose a different withholding rate for nonperiodic payments where permitted by law. Federal income tax withholding is a prepayment of your tax liability and may not equal the amount of tax you ultimately owe. Please contact us or visit <a href="http://www.irs.gov">www.irs.gov</a> if you prefer to use and submit the full form W-4R. |  |
| <b>Signature required on page 2 – please turn over.</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |  |

## WITHHOLDING ELECTION - Periodic Payments – IRS Form W-4P Substitute

Complete this section for Recurring Withdrawals

Federal income tax withholding on periodic payments is treated as if the payments were wages paid by an employer.

### Select your filing status:

(If you do not select a filing status, withholding will be applied as single or married filing separately with the standard deduction and no other adjustments, as required under IRS default withholding rules.)

- ☐ Single or Married filing separately  
☐ Married filing jointly  
☐ Head of household

### Optional withholding election:

#### ☐ #1 – No Withholding

I elect **NOT** to have federal income tax withheld from the taxable portion of my periodic payments, where permitted by law.

#### ☐ #2 – Additional Federal Withholding

I elect to have \_\_\_\_\_ % or \$ \_\_\_\_\_ withheld from each periodic payment in addition to any withholding required under the default withholding rules. If no election is made, withholding will be applied according to the default IRS withholding rules described above. Note: U.S. citizens or resident aliens may not elect no withholding on payments delivered outside the United States or its possessions. Please contact us or visit [www.irs.gov](http://www.irs.gov) if you prefer to use and submit the full form W-4P.

## STATE INCOME TAX WITHHOLDING

☐ I elect to have \_\_\_\_\_ % or \$ \_\_\_\_\_ of state income tax withheld from the taxable portion of my distribution, where permitted by state law.

If withholding is elected and no amount or percentage is indicated, **5% state withholding will apply unless your state requires a different amount.**

States that require **mandatory** withholding if federal withholding is elected: AR, CT, IA, KS, ME, MD, MA, NE, OK, OR, VT, VA, DC. States offering **optional** withholding: AZ, GA, IL, KY, LA, MI, MN, OH, WV, WI. State withholding is **not** offered in: FL, SD, TN, TX, WY

Residents of CO, CT, GA, IA, MI, MN, MT, NE, OK, or VA may submit the applicable state-specific withholding form.

## CERTIFICATION – TAXPAYER IDENTIFICATION NUMBER

Under penalties of perjury, I certify that (1) The number shown on this form is my current social security 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 backup 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).

Owner Signature

Date

Joint Owner Signature

Date