

SYSTEMATIC WITHDRAWAL REQUEST FORM

Policy/Contract/Certificate Number _____ Annuitant / Participant _____

Date _____ Owner's Daytime Phone # () _____ Owner _____

I/We request a systematic withdrawal be established under the provisions of the subject policy/contract/certificate. Benefits applicable to the amount withdrawn are waived. I/We understand the policy/contract/certificate 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. Additionally, if you borrow, surrender, or withdraw any funds from your policy/contract/certificate, the guaranteed elements, non-guaranteed elements, face amount, or surrender value of your existing policy/contract/certificate may be affected.

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/contract/certificate 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:

Direct Deposit (EFT) You must attach a **Voided Check** for routing number verification.

Name of Financial Institution Address of Financial Institution

Account Number Transit / Routing Number

Paper check

If check should be mailed to an address other than the owner(s) address on your policy/contract/certificate, please provide that address below.

Street address

City State Zip

IMPORTANT !!! A Direct Deposit **will be posted to your account** on the 1st, 10th, or 25th. If the banks are closed on those dates, the money will be posted to your account the first working day following.

A Paper 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.

V. Withholding Elections:

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 qualified retirement plans or 403(b) plans. 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.

States with a state income tax either require mandatory withholding or allow voluntary withholding. If your state requires mandatory withholding, we will withhold the mandatory amount without regard to your election on page 2. Each state determines their specific state withholding requirements and we will follow your state of domicile withholding obligations. State withholding may be subject to a 5% administrative default rate when state withholding is requested and no withholding amount is designated. Your state of residence may require that your state income tax withholding election be provided to us on a specific state form. Should your state of domicile require a specific state form, your state income tax withholding election will not occur until the required form is received by our office.

Even if you elect not to have federal or state income tax withheld, or if you do not have enough federal income tax withheld, you are liable for payment of the income tax on the taxable portion of the distribution. You may also be subject to tax penalties if your payments of estimated tax and withholding, if any, are not adequate.

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

Federal Withholding Election

DO NOT withhold any federal income taxes unless mandated by law **DO** withhold federal income taxes in the amount of _____% (cannot be less than any mandatory withholding)

State Withholding Election

DO NOT withhold any state income taxes unless mandated by law **DO** withhold state income taxes in the amount of _____% (cannot be less than any mandatory withholding)

Notice to non-resident aliens: A payment to an address outside the United States may be subject to federal income tax withholding at a rate of 30%, unless the payee submits a completed IRS Form W-8BEN and the payment is eligible for reduced withholding.

You and the Internal Revenue Service will be provided with an informational tax form after the close of the calendar year.

A withdrawal of any type, before age 59 1/2, may subject you to an IRS federal penalty tax.

VI. Taxpayer Identification Number:

This section must be completed and signed by the Owner of the annuity identified on Page 1 of this form. Failure to do so may delay your request.

Please enter your taxpayer identification number in the appropriate box. For individuals and sole proprietors, this is your social security number. For other entities, it is your employer identification number. If you do not have a number, see IRS Publication 505.

Social Security Number	OR	Employer Identification Number						
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Signature of Owner	Date	Signature of Joint Owner, if any	Date
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Signature of Notary or Witness for Owner	Date	
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Address of Witness for Owner

Signature of Notary or Witness for Joint Owner, if any	Date	
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Address of Witness for Joint Owner, if any

Please complete Page 1 of this form. Failure to do so will delay your request.