

Request for Disbursement / Systematic Withdrawal Form for Qualified Annuities

INSURER

Fidelity and Guaranty Life Insurance Company

Americom Life and Annuity Insurance Company

Service Center:

Service Center:

PO Box 81497 • Lincoln, NE 68501-1497

PO Box 82337 • Lincoln NE 68501-1497

421 South 9th Street #222 • Lincoln, NE 68508-2245

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800-638-2255 • Fax: 402-328-2266

866-746-2624 • Fax: 402-328-2258

Policy Number	Owner / Annuitant	Phone Number	
Owner's Address - Street	City	State	Zip

Check if new address

Payment requests will be mailed to the owner unless alternative instructions are shown below.

Alternate Payee Name and Address

Federal Express: No Yes: Account Number _____

If you have questions regarding this form, please call the Service Center.

<p>What would you like to do?</p>
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<input type="checkbox"/> PARTIAL SURRENDER Complete Sections 1, 6 and 7

<input type="checkbox"/> FULL SURRENDER Complete Sections 2, 5, 6 and 7

<input type="checkbox"/> SYSTEMATIC WITHDRAWAL REQUEST Complete Sections 3, 6 and 7

<input type="checkbox"/> MINIMUM REQUIRED DISTRIBUTION REQUEST Complete Sections 4, 6 and 7

SECTION 1 – When this section complete, please proceed to Section 6

PARTIAL SURRENDER – Do not return policy with this request form.

Please select one box:

- Maximum partial surrender
- Partial surrender of \$ _____
- Maximum available "penalty free" partial surrender (if applicable)

Please select one box:

- I request the **gross** amount of the selection above. (Amount will be decreased by any applicable deductions)
- I request the **net** amount of the selection above. (Amount will be increased by any applicable deductions)

This partial surrender is to be in accordance with and is subject to the provisions of the policy. **Please proceed to Section 6.**

SECTION 2 – When this section complete, please proceed to Section 6

FULL SURRENDER

Please return policy with this request form. If policy is lost, please completed Section 5 of this form, then complete Section 6.

I hereby request the present cash surrender value of my policy listed above. I understand that surrender charges may be applicable.

Your proceeds from FIDELITY AND GUARANTY LIFE Life will be placed in an FIDELITY AND GUARANTY LIFE Life Asset Account established in your name. Your money will earn a competitive rate of interest in a money market account and you will receive a checkbook for the account. The FIDELITY AND GUARANTY LIFE Life Asset Account is not available in Arkansas, Kansas, Nevada, North Carolina and North Dakota.

If you are a Florida resident, please check here to opt out of the FIDELITY AND GUARANTY LIFE Life Asset Account and to receive a check.

Except for payment of the surrender value less any indebtedness to the Company under this policy, the Company is hereby released from all liability under this policy. **If policy is lost, please complete Section 5 of this form, then complete Section 6. Otherwise, please proceed to Section 6.**

Fidelity and Guaranty Life Insurance Company Baltimore, MD • Americom Life and Annuity Insurance Company Houston, TX

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SECTION 3 – When this section complete, please proceed to Section 6

SYSTEMATIC WITHDRAWAL REQUEST PAYMENT INFORMATION

Payment Amount – please select one box:

- INTEREST ONLY – each payment is equal to the amount of interest credited to the policy during the prior modal period (for example, a monthly payment would consist of interest credited to the account value during the preceding month.) If this option is selected, the payment amount will vary based on the interest rate credited on the account value and the number of days in the modal period.
- SPECIFIC DOLLAR AMOUNT – I hereby request payments of \$ _____
If payment exceeds the free withdrawal amount specified in your policy, the withdrawal will be subject to applicable surrender charges.

Please select one box:

- I request the **gross** amount of the selection above. (Amount will be decreased by any applicable deductions)
 I request the **net** amount of the selection above. (Amount will be increased by any applicable deductions)

Payment Frequency* - Please select one box: Monthly Quarterly Semiannual Annual

Payment Start Date: Immediately Other _____

Note: First payment must be at least one payment mode after policy issue date.

Payment End Date (optional): _____

Note: If not specified, payments will continue until you notify us that you wish payments to stop.

Method of Distribution:

- Check
- Electronic Funds Transfer – If Electronic Funds Transfer is selected, indicate account information below:
- Checking Account (Please include voided check with this form)
- Savings Account (Please include deposit slip with this form)

Proceed to Section 6

SECTION 4 – When this section complete, please proceed to Section 6

MINIMUM REQUIRED DISTRIBUTION – Explanation of request:

This form may be used to elect a partial withdrawal in an amount necessary to comply with the minimum distribution rules applicable to individual retirement annuities (IRAs). Please be aware that your MRD is based upon the total account value of all your applicable qualified policies, whether it be an FIDELITY AND GUARANTY LIFE Life policy, or otherwise. FIDELITY AND GUARANTY LIFE Life will calculate your annual distributions based solely on your account value in this annuity. If you are making this election after your required beginning date (generally, April 1 of the calendar year following your attainment of age 70 ½), the calculation is based on the assumption that you received the minimum required distribution amount in all previous years.

Please select one box:

- I request the **gross** amount of the selection above. (Amount will be decreased by any applicable deductions)
 I request the **net** amount of the selection above. (Amount will be increased by any applicable deductions)

Payment Mode* - Please select one box: Monthly Quarterly Semiannual Annual

Payment Start Date: Immediately Other _____

Note: First payment must be at least one payment mode after policy issue date. **The minimum required distribution must be completely withdrawn by the end of the calendar year, regardless of the mode of payment.**

Please select one box:

- I elect **not to** have Federal income tax (State tax where applicable) withheld from my payments.
- I elect **to** have Federal income tax (State tax where applicable) withheld from my payments.

Note: – Minimum distributions are subject to Federal income tax withholding (and State withholding where applicable) unless you elect not to have withholding apply. Please understand that regardless of the election made here, you are obligated to pay income tax on the taxable portion of your distribution. Your withholding election may be changed at any time.

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SECTION 4 - Continued

Method of Distribution:

- Check
- Electronic Funds Transfer – If Electronic funds transfer is selected, indicate account information below:
- Checking Account (Please include voided check with this form)
 - Savings Account (Please include deposit slip with this form)
- Check box if you want FIDELITY AND GUARANTY LIFE to automatically process your MRD every year until further notification from you.

Specific date each year: _____

Beneficiary's Name _____ Beneficiary's Date of Birth _____ Relationship to Owner _____

Beneficiary's Social Security Number _____

Additional Information

**Not all policies are eligible for periodic payments.*

Fidelity and Guaranty Life's calculation of your minimum required distribution is based on your representation, indicated by your signature below, that all information provided on this form is correct and that you will notify us in writing of any changes which will affect your calculation, such as the death of your beneficiary, if a joint life expectancy is chosen.

 _____ Date _____  _____
Owner's Signature **Spouse's Signature**
(required in community property states: AC, CA, ID, LA, NV, NM, TX, WA, WI)

Please proceed to Section 6

SECTION 5 – When this section complete, please proceed to Section 6

LOST POLICY CERTIFICATION

- By checking this box, I hereby represent that the above-referenced policy has been lost, mislaid, or destroyed, as I have been unable to find it after careful search and inquiry. By my signature below, I agree to hold the Company harmless from all loss, expense and liability for which the Company may become liable as a direct or indirect result of accepting this transaction without requiring the return of the policy. If the policy or any interest thereon has at any time been assigned, transferred or pledged to any person, company or corporation, the undersigned hereby attaches a copy of the assignment or states that the date thereof is _____, that the assignment is _____ (absolute or collateral) and the full particulars are as follows: _____

Please proceed to Section 6

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SECTION 6 – NOTICE OF WITHHOLDING OF FEDERAL TAXES AND TAX I.D. CERTIFICATION

Please read the following notice and sign below: *(Signature Required in Section 7)*

The Internal Revenue Service of the Department of the Treasury requires the Company to automatically withhold a maximum of 30% of taxable interest, annuity income payments and certain other payments if the taxpayer fails to complete the certification below or is subject to backup withholding under the Internal Revenue Code.

There are also additional penalties that may be imposed by the Internal Revenue Service for failure to furnish the information requested below:

A. The Owner's Taxpayer Identification Number (Social Security Number) is: _____
The Owner's date of birth is: _____

B. Check the following boxes if applicable:

- The Owner is subject to backup withholding under the provisions of Section 3405(a)(1)(c) of the Internal Revenue Code.
 The Joint Owner is subject to backup withholding under the provisions of Section 3405(a)(1)(c) of the Internal Revenue Code.

(NOTE: You are not subject to backup withholding unless you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding.)

C. If this transaction results in a taxable event, do you wish to have the appropriate Federal income tax (State tax where applicable) amount withheld from this distribution? Certain states allow you to specify the amount of state withholding. If applicable, please specify the amount of state withholding desired here: _____ *(Not Applicable in Texas)*

For systematic withdrawals **only**:

- I elect **not to** have Federal Income Tax (State tax where applicable) withheld from my payments.
 I elect **to** have Federal Income Tax (State tax where applicable) withheld from my payments. _____ %

NOTE: IF YOU DO NOT MAKE AN ELECTION REGARDING WITHHOLDING AND THERE IS A TAXABLE EVENT, WITHHOLDING WILL OCCUR AS REQUIRED BY LAW.

FOR CALIFORNIA RESIDENTS ONLY – In addition to the above for partial withdrawals and/or surrenders, the undersigned expressly waives all protection under California Civil Code 1542. It is the undersigned's intention to fully, finally, and forever settle and release the Company for all matters relating to the transaction(s) herein described. In furtherance of this intention, the release herein given shall be and remain in effect as full and complete notwithstanding the discovery or existence of any additional or different claims or facts.

SECTION 7 – CERTIFICATION

Under the penalties of perjury, I certify that the information provided on this form is true, accurate and complete.

Date *X* Owner (Taxpayer) (if corporately owned, include title)

Other signatures (partners, joint owners, etc.) _____
If corporately owned, signature and title of 2nd corporate officer

X _____
Witness to all signatures *(No Relation to Owner or Beneficiaries)* _____
Irrevocable beneficiary, if any

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SECTION 8 – COMMUNITY PROPERTY STATES

If your policy was issued in one of the following resident States, please complete the additional information below:

Arizona
Louisiana
Texas

California
Nevada
Washington

Idaho
New Mexico
Wisconsin

1. If you have **never been married**, please acknowledge by signing here:

X

Signature

Date

2. If you are **currently married**, your spouse can consent to the transaction by signing here:

X

Spouse Signature

Date

3. If your **spouse is deceased**, please attach a copy of the Death Certificate.

4. If you are **divorced**:

(A) and the policy was mentioned in the Divorce Decree or Property Settlement Agreement, please attach a certified copy of the document.

(B) and the policy was not mentioned directly or indirectly in the Decree or Property Settlement Agreement, it will be necessary for your ex-spouse to consent by signing here:

Ex-spouse's Consent

X

Ex-spouse Signature

Date

Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that no such interest exists and assumes no responsibility for inquiry. The insured and/or policyowner signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

NO AGENT IS AUTHORIZED TO ALTER THE TERMS OF THE CONTRACT OR BIND THE COMPANY.

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