



An affiliate of Bankers Insurance Group

Bankers Life Insurance Company
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ANNUITY WITHDRAWAL REQUEST

(This is a two (2) sided form and must be completed in full)

Policy Information

Form with fields for Annuitant Name, Policy Number, Owner Name, Owners Social Security Number, Owners Mailing Address, Owners Date of Birth, and Daytime Phone.

I, the undersigned Owner(s) request a withdrawal under the provisions of the subject contract. I understand the contract provisions regarding early withdrawal charges.

SELECT ONE OPTION ONLY

A. [ ] Partial Withdrawal \$ \_\_\_\_\_ Checks will be mailed to above address
ONE 10% FREE WITHDRAWAL PER CONTRACT YEAR IS ALLOWED

B. [ ] Complete Cash Surrender. Checks will be mailed to above address.

C. [ ] Monthly Interest Option Withdrawal, (select one in this option).

The first payment will be made the month following our receipt of this request. The payment will be made on the same day of the month as the Effective Date of the policy. If you are electing systematic withdrawals, the following should be noted:

- 1. The monthly interest amount will fluctuate according to the number of days in the month.
2. Your policy must be in force one full month before your interest payments will begin.
3. Minimum monthly payment of \$100.00 is required.

[ ] All Interest Credited to the contract for the previous month.

[ ] \_\_\_\_\_ Fixed amount each month. The fixed amount may not exceed your monthly interest. The fixed amount may be changed once each policy year on the anniversary.

D. [ ] IRA Minimum Required Distribution Automation

Your Minimum Required Distribution will be deposited into your bank account in the month of December on an Annual Basis. The withdrawal will be made on the same day of the month as the effective date of the policy. The below information MUST BE COMPLETED!

AUTHORIZATION FOR DIRECT DEPOSIT -Available for options C & D only

DEPOSITER INFORMATION:

(Attach a Voided Check)

Depositor Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type (check one) [ ] Checking [ ] Savings

FINANCIAL INSTITUTION INFORMATION:

Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

ABA/Transit Routing Number: // // // // // // // //

## Withholding

**Please answer the following tax withholding questions. Unless you check "No" for federal taxes, we are required to withhold a minimum of 10% of the taxable amount.**

Listed below is the required Certification regarding your tax ID number and backup withholding for Federal Income Tax. If you do not complete the Certification, we must withhold 31% of the amount subject to Federal Income Taxes.

I **DO NOT** want Federal Income Tax withheld.

I **DO** want to have Federal Income Tax withheld. Taxes will be withheld at a rate of ten percent (10%), unless a higher percentage is indicated here \_\_\_\_\_. Some states require withholding of state income tax.

You and the Internal Revenue Service will be provided with a 1099-R form after the close of the calendar year. A withdrawal of any type, prior to age 59 ½, may subject you to an IRS Penalty Tax.

## Taxpayer ID Number & Certification (Substitute IRS Form W-9)

**This Certification must be completed and signed by the listed Owner of the Annuity identified above. If you do not provide your tax identification number, we are required to withhold 31% of the taxable amount distributed. If you do not complete the Certification or if we are so notified by the Internal Revenue Service, we must withhold 31% of the amount subject to Federal Income Taxes.**

### 1. Taxpayer Identification Number

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 form W-9.

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OR

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### 2. Certification (Please check those items below that are true)

**Under penalties of perjury, I certify that:**

- a. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- b. I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or the IRS has notified me that I am no longer subject to backup withholding.
- c. The Payee must be a U.S. person.

Certification Instructions – DO NOT check item 2b if you have been notified by the IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return.

**Note: If requirements on this form are not completed, we will not be able to process your request.**

## Signatures

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signature of Owner(s)

Date

Signature of Spouse of Owner (if a Resident in a Community Property State)

Date

**NOTE: The following are Community Property States and require a spouse's signature to process your chosen service request: AK, AZ, CA, ID, LA, NV, NM, TX, WA, WI**