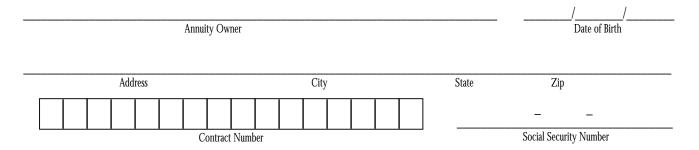


ELECTION OF SYSTEMATIC WITHDRAWALS

300 S.W. Adams Street Peoria, IL 61634 Phone 309.674.8255

CONTRACT INFORMATION



I hereby elect the funds held by you under the above Annuity be paid according to the instructions below. This payment plan is to continue so long as there is any balance in my contract to fund such payment. I understand that you may impose a charge for determining and making these payments. If the payment option I have selected includes a reference to my designated beneficiary, it is understood that upon the death of either party you are to be notified immediately. According to the provisions of my plan, portions of my contract may be withdrawn at any time by giving you proper notice in writing on forms you will supply for that purpose. I hereby release Illinois Mutual from and indemnify it for any and all claims arising from their actions hereunder.

PAYMENT DELIVERY Allow a minimum of 30 days from the day that we receive this form.

Paid annually by check and sent to the address above beginning on		
Electronic Fund Transfer – Minimum contract must be at least \$25,000. If Required Minimum Distribution, see page 2.		
ansfer to my: Checking or Savings Account		
nancial Institution:		
ccount # Routing #		
elect Frequency: 🗌 Monthly 📄 Quarterly 📄 Semi-Annual 📄 Annual		
ate of First Withdrawal: 🔲 1st 🔄 7th 🔄 15th 📄 23rd Beginning Month		

PAYMENT PLAN SELECTED

INTEREST ONLY

If your contract is a tax-qualified plan or IRA contract, please initial the box in front of the "Interest Only" indicating that you understand that the payment we are making to you is not designed to meet any particular payment structure under the Internal Revenue Code, and that you assume full responsibility for meeting any Required Minimum Distributions or Early Distributions.

REQUIRED MINIMUM DISTRIBUTIONS [RMD] Minimum payment must be	at least \$100.	
Greater of Required Distribution or \$ per		
Uniform Distribution Table; or,		
My Designated Beneficiary is my spouse and is more than 10 years younger. I understand that I must satisfy the IRS minimum distribution requirements that apply to my IRAs in order to avoid significant penalties and that I have consulted with my legal and/or tax counsel to the extent I consider necessary.		
Greater of Required Distribution or \$ per		
Required Distribution		
I understand that I must satisfy the IRS minimum distribution requirements that apply and that I have consulted with my legal and/or tax counsel to the extent I consider r		
SUBSTANTIALLY EQUAL PERIODIC PAYMENTS [SEPP]		
1] Life Expectancy Method; or		
2] Amortization Method; or		
3] Annuitization Method		
SEPP calculations should use Single or Single or Source [#1/#2/#3]	Beneficiary DOB//	
SEPP calculations should use an interest rate of:% [#2/#3]		
The interest rate that may be used is any interest rate that is not more than 120 percent of the federal mid-term rate for either of the two months immediately preceding the month in which the distribution begins. If I have selected a modal payment other than annual, I understand that the modal payment will be the annual payment divided by twelve for monthly, four for quarterly or two for semi-annual. I also understand that neither Illinois Mutual nor its agent or representative is certifying the reasonableness of the assumptions that I have selected and that I have consulted with my legal and/or tax counsel to the extent I consider necessary.		
Specify Amount, etc		
BENEFICIARY INFORMATION		
Name:	Date of Birth://	
Address:	Soc.Sec #:	
City: State:	Zip:	
I assume sole and full responsibility for this election. This election supersedes any prior distribution instructions I have given to you. You need not distribute to me any amount I do not specifically request. This election applies to the contract designated on page 1 of this form. A separate form must be completed for each additional contract.		

Signature of Annuity Owner

Date

Return original to: Illinois Mutual Life Insurance Company, 300 S.W. Adams Street, Peoria, IL 61634