

# Qualified Annuities

## Request for Disbursement /



**OLD MUTUAL**  
INVEST INSURE INNOVATE

**INSURER - OM Financial Life Insurance Company**

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

Directing annuity payments to another payee does not constitute a reduction in reportable income or tax liability to the owner

Federal Express:       No                       Yes: Account Number \_\_\_\_\_

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

What would you like to do?	<input type="checkbox"/> <b>SYSTEMATIC WITHDRAWAL REQUEST</b> Complete Sections	<input type="checkbox"/> <b>PARTIAL SURRENDER</b> Complete Sections	<input type="checkbox"/> <b>FULL SURRENDER</b> Complete Sections
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**SECTION 1 - PARTIAL SURRENDER**      *When this section is complete, please proceed to Section 5.*

Please select one box:

- Maximum partial surrender
- Partial surrender of \$\_\_\_\_\_ (Must be at least \$500)
- Maximum available "surrender charge free" partial surrender (if applicable)

Please select one box:

- I request the **gross** amount of the selection above. (Amount paid will be decreased by any applicable deductions)
- I request the **net** amount of the selection above. (Amount withdrawn will be increased by any applicable Deductions)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. Direct transfer paperwork is required in order for this transaction to be considered for a trustee-to-trustee transfer

**SECTION 2 - FULL SURRENDER**      *When this section is complete, please proceed to Section 5.*

Please return policy with this request form. If policy is lost, please complete Section 4 of this form, then complete Section 5.

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

Your proceeds from OM Financial Life will be placed in OM Financial 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 OM Financial 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 OM Financial 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. Direct transfer paperwork is required in order for this transaction to be considered for a trustee-to-trustee transfer

**SECTION 3 - SYSTEMATIC WITHDRAWAL**      *When this section is complete, please proceed to Section 5.*

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.

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

**Payment Frequency\*** *Not all policies are eligible for periodic payments.*

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)

## SECTION 4 - LOST POLICY CERTIFICATION

*When this section is complete, please proceed to Section 5.*

- 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 that the full particulars are as follows: \_\_\_\_\_

## SECTION 5 - NOTICE OF WITHHOLDING (MUST BE COMPLETED)

**Federal Income Tax Withholding** - The distribution you receive will be subject to federal income withholding unless you elect otherwise and provide your social security number or taxpayer identification number. The taxable portion of your distribution is generally taxable.

**State Income Tax Withholding** - State income tax may be withheld if required by law from your payments however, the election may not be available in all states. Certain states base your withholding election on your federal income tax election. Other states require that the Company withhold state taxes regardless of your federal election.

Withholding will be administered based on your elections and federal and state law requirements. If you do not make an election regarding withholding, default withholding will occur as required by law. Your election will remain in effect until you revoke it and you may revoke it at anytime.

If you elect not to have withholding apply to the distribution, you may be responsible for payment of estimated taxes. You may incur tax penalties if you elect not to have withholding apply. The Internal Revenue Service may impose tax penalties for distributions prior to age 59 ½. Please consult a tax advisor regarding your specific situation and then make your election.

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FEDERAL	STATE
<input type="checkbox"/> <b>DO NOT</b> withhold Federal Income Tax <input type="checkbox"/> Withhold Federal Income Tax (The maximum amount may not exceed 50% of the taxable amount)	<input type="checkbox"/> <b>DO NOT</b> withhold State Income Tax <input type="checkbox"/> Withhold State income tax (Certain states allow you to specify the amount of state withholding. If applicable, please specify the amount of state withholding desired \$ _____ or % ____).

**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 6 - CERTIFICATION (Must be Completed)

Under the penalties of perjury, I certify that my Social Security/Taxpayer identification number on this form is correct, that I am a U.S. person (U.S. citizen or resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Additional IRS penalties that may be imposed by the Internal Revenue Service for failure to furnish the information.

I am a non-resident alien, I have provided (or am providing with this form) Form W-8BEN and included my U.S. taxpayer identification number in order to claim any applicable tax treaty benefits.

I/We/Are aware that there may be tax consequences associated with this transaction. I/We/Are aware that OM Financial Life Insurance Company, affiliates and representatives cannot give tax advice and have been advised to consult an independent tax advisor.

X  
 \_\_\_\_\_  
 Owner (Taxpayer) (if corporately owned, include title)

\_\_\_\_\_  
 Taxpayer Identification Number (SSN, EIN, ITIN)

X  
 \_\_\_\_\_  
 Joint Owner (Taxpayer) (if applicable)

\_\_\_\_\_  
 Taxpayer Identification Number (SSN, EIN, ITIN)

X  
 \_\_\_\_\_  
 Witness to all signatures

X  
 \_\_\_\_\_  
 Date

X  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Irrevocable Beneficiary, if any

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## SECTION 7 - COMMUNITY PROPERTY STATES

If you reside 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 or were divorced or widowed prior to the issue date of this annuity**, please acknowledge by signing here:

X \_\_\_\_\_  
Signature Date

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

X \_\_\_\_\_  
Signature Date

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

\_\_\_\_\_

4. If you are **divorced after the issue date of this annuity**: **Date of Divorce:**

\_\_\_\_\_

(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 \_\_\_\_\_  
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 policy owner 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.**