



Know Your Worth®... Know Royal Neighbors

Election of Automatic Interest Withdrawal (MONTHLY)

Camp/Chapter Number	Certificate Number Or Date of Application	Type of Annuity Certificate
Name of Annuitant		<input type="checkbox"/> Flexible Premium Deferred Annuity certificate
Name of Owner		<input type="checkbox"/> Single Premium Deferred Annuity certificate

I, the undersigned owner of the above annuity certificate, issued by Royal Neighbors of America (the Society), hereby elect to withdraw the interest earned on the contract value of the certificate on each monthaversary, which is the monthly recurrence of the certificate's date of issue. This election will be effective beginning on the first monthaversary after this form is received and processed at National Headquarters and every month thereafter until terminated.

If this is a flexible premium deferred annuity certificate, then I understand that if the total amount withdrawn in a certificate year exceeds 10% of the annuity contract value at the time of the first withdrawal in the certificate year, any excess will be subject to a withdrawal charge as shown in the annuity certificate.

I certify that I have not assigned or pledged the above certificate for any purpose whatsoever, and that no bankruptcy proceedings are pending against me. This election will terminate immediately when: 1.) revoked by me in writing, 2.) the monthly interest is less than the \$100 minimum withdrawal requirement, or 3.) the certificate is assigned.

I elect to have NO income tax withheld from my annuity interest withdrawal.

(Strike out the above statement if income tax is to be withheld in accordance with IRS regulations. Please refer to the enclosed Notice of Withholding on Withdrawals From Annuities.)

Note: A 10% penalty tax may be assessed by the IRS on the taxable amount withdrawn from an annuity before age 59½. Please consult with your professional tax advisor if you have any questions.

Under penalty of perjury, I certify the following:

- The number shown on this form is my correct social security number; **and**
- That I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. person (including a U.S. resident alien).

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

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

Dated _____
(Month/Day/Year)

Witness to Signature of Owner

X

Signature of Witness

Mailing Address

City, State and ZIP Code

X

Signature of Owner

Mailing Address

City, State and ZIP Code

Social Security Number of Owner

Telephone Number (Incl. Area Code)

I hereby agree to the above withdrawal and assignment and waive any community property or Uniform Marital Property Act (UMPA) rights, as applicable, that I may have in the subject of this withdrawal and assignment.

Signature of Spouse of certificate owner: **X** _____ Date: _____
(Spousal signature required for residents of AZ, CA, ID, LA, NM, NV, TX, WA, WI)