



ACCUMULATED INTEREST RIDER AUTHORIZATION FOR DISTRIBUTION

Contract Number: Telephone Number:

Contract Owner: Email Address:

The withdrawal amount must be \$100 or greater. If the withdrawal amount is less than \$100, the Company reserves the right to reduce the frequency of payments to an interval which will result in each payment being at least \$100.

- I authorize the distribution of the accumulated interest: Monthly Quarterly Semi-annually Annually
I authorize % of the accumulated interest to be paid to me immediately
Thereafter, remit of the accumulated interest: Monthly Quarterly Semi-annually Annually

As specified above, payment of interest earned will be paid by Direct Deposit credit entries to the account in the Banking Institution named below and I authorize this Banking institution to accept entries to the account. If funds to which I am not entitled are deposited to this account, I authorize you to direct the bank to return said funds. (Please attach a voided check providing the proper account information.)

Banking Institution:

Please specify account type Checking Account Savings Account

Name on account:

Routing number:

Account number:

IMPORTANT TAXPAYER INFORMATION

I understand if there is a reportable distribution due to the withdrawal, it will be reported to the Internal Revenue Service (IRS) for the calendar year the withdrawal is made. If I am under age 59 1/2, an IRS Federal Excise Tax may apply to the withdrawal. I understand that, due to State Regulations, the Company is required to withhold State Taxes regardless of the Federal election if I reside in CA, NC, OK, OR or GA. If I reside in DE, IA, KS, MA, ME, NE, or VT, the Company is required to withhold State Income Tax if Federal Income Tax is withheld. I further understand that even if I elect not to have Federal Income Tax withheld, any reportable distribution will be reported to the IRS.

Tax Withholding Election (Please Check)

- I do NOT elect to have taxes withheld from my payments.
I DO elect to have federal income taxes withheld in the amount of \$ or percentage of %.
I DO elect to have state income taxes withheld in the amount of \$ or percentage of %.

The following is required by the IRS: UNDER PENALTY OF PERJURY, I CERTIFY THAT THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER ID NUMBER AND I AM NOT SUBJECT TO BACK-UP WITHHOLDING.

This form dated at (City/State) on the day of , 20

Signature of Owner (s) - If Joint, both must sign

Signature of Joint Owner

Signature of Spouse (If community property state: AZ, CA, ID, LA, NM, NV, TX, WA, and WI)

Owner's Social Security Number

Signature of Adult Witness

Owner's Telephone Number