



Sunset Life

P O Box 219564/Kansas City, MO. 64121-9564
Phone - 800-678-3668

CUSTOMER SERVICES
AUTOMATIC ANNUITY WITHDRAWAL
REQUEST FORM

Policy/Application Number Annuitant Owner Home & Work Phone No.

I elect to exercise the 10 % load free withdrawal provision in my contract. I understand each payment must be at least \$100. Please set up my automatic withdrawals under the following option:

1. INTEREST ONLY OPTION

Please pay: (a) Monthly (b) Quarterly (c) Semi annually (d) Annually

If Bonus Interest is applicable, please select one of the following:

- Pay Bonus Interest on the Anniversary Date of the policy.
Allow Bonus Interest to Accumulate in the policy.

X

Date Signature of Owner Signature of Assignee (if any)

2. Level Payments of \$

Please pay: (a) Monthly (b) Quarterly (c) Semi-annually (d) Annually

X

Date Signature of Owner Signature of Assignee (if any)

3. Annual Percentage of %

Please pay: (a) Monthly (b) Quarterly (c) Semi-annually (d) Annually

X

Date Signature of Owner Signature of Assignee (if any)

4. FEDERAL TAX INFORMATION

Withholding Election (Social Security No. must be completed for above transactions)

As payee, you are required by law to provide us (as payer) with your correct taxpayer identification number (Social Security Number). To verify that we have your correct number, please provide below.

Social Security No. of Annuitant

Social Security No. of Owner

If you have not provided us with your correct taxpayer identification number, you may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, you may also be subject to a 31% backup withholding.

If you do not elect to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

Please make your election below

*This election includes any state withholding if mandatory

- NO, DO NOT withhold federal income tax from my distribution.
YES, DO withhold federal income tax from my distribution.

X

Signature of Owner Signature of Assignee (if any) Date

5. MANDATORY WITHHOLDING OF 20% APPLIES TO HR-10, 403b, 501C(3) DISTRIBUTIONS

Effective 1-1-93, the Unemployment Compensation Amendment of 1992 requires a mandatory 20% withholding on HR-10, 403B, 501C(3) distributions paid to the individual. The requested distribution will be sent no less than 30 days from the date the notice is given on HR-10 plans only.

X

Signature of Owner Signature of Assignee (if any) Date

By Signing, I acknowledge that I have read the attached "Special Tax Notice" and understand the conditions.

ELECTION OF DIRECT DEPOSIT AUTHORIZATION TO BANK OR SAVINGS ACCOUNT

The undersigned hereby authorizes Sunset Life Insurance Company to make Scheduled Periodic Payments to the payee and account identified below and authorizes the Bank or Savings Institution to accept such deposits and make any necessary adjustments.

It is agreed that these checks may be sent by mail to the authorized institution to be deposited. This authorization will remain in effect until the Company receives written notification terminating the agreement.

ACCOUNT INFORMATION

Checking

Savings

Name of Bank/Savings Institution _____

Address of Institution _____

Name on the account _____

Signature of Annuity Recipient _____

Recipient's Address _____

Recipient's Telephone Number () _____

IMPORTANT: Please attach Voided Check on above Account

Contract Owner's Signature

X

Date _____