

Regular Mail: Service Center PO BOX 758550 Topeka, KS 66675-8550 Overnight Mail: Mail Zone 550 5801 SW 6th Avenue Topeka, KS 66636

Partial Withdrawal Variable Annuity

Fax to 785-368-1796 Please be advised that the release of policy values may affect the guaranteed elements, non-guaranteed elements, face amount, or surrender value of the policy from which the values are released. Annuitant (please print) Contract Number SECTION 1. WITHDRAWAL OPTIONS (Must be completed.) Select withdrawal option A or B. A) Amount \$ (minimum \$100.00) ☐ B) Free amount (Refer to your contract or prospectus for annual amount available.) **SECTION 2. FUND SELECTIONS (Optional.)** The withdrawal will be taken proportionately from your current funds, excluding Guaranteed Period Accounts unless otherwise directed below. % from % from % from % from % from \_\_\_\_\_ % from \_ from Guaranteed Period Account (Expiration Date) • Guarantee Period Accounts are not available in all contracts/states. A withdrawal from a Guarantee Period Account prior to its expiration date will be subject to a Market Value Adjustment. If no expiration date is indicated, the withdrawal will be taken from the most recent payment(s) to that Guarantee Period. SECTION 3. EXCESS CONTRIBUTION (Complete only if applicable.) Check here if this is a withdrawal of an excess contribution to an IRA. IRS rules require that the current value (excess plus/minus earnings, less charge, if any) of the excess be eliminated. The Company will calculate its current value and waive the minimum requirements for a withdrawal, if necessary. The payment date(s) of the excess contribution(s) to be withdrawn is (are): **SECTION 4. TAX REPORTING (Must be completed.)** THIS SECTION IS FOR FEDERAL TAX REPORTING AND MUST BE COMPLETED. Please fill out the appropriate section. Select all that apply. This is a cash distribution. For **Non-Qualified Contracts** – This a partial 1035 distribution. Written acceptance from the receiving company is mandatory. For Qualified Contracts – This a trustee to trustee transfer or rollover to an eligible retirement plan. This is a TSA, 401(a)(k)(g) or Governmental 457 Plan. Note: Participant and Plan Trustee Signature required in section 8. **Distribution Eligibility (Complete for TSA Plans Only)** I certify that I meet at least one of the following criteria: My Employer has terminated this TSA plan Age 59 1/2 Separation from service of the employer who sponsored this plan Total and permanent disability Substantial hardship (consult your employer for definition) SECTION 5. TAX WITHHOLDING (Must be completed by owner/taxpayer.) The Company is required to withhold taxes if no selection is made. A 20% federal tax withholding is mandatory for eligible rollover distributions from TSA's, 401(a)(k)(g)'s and Governmental 457 plans.  $\square$  **I DO NOT** want Federal Income Tax withheld from this transaction.



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☐ I DO want Federal Income Tax withheld from this transaction. Withholding will be 10%

on the taxable portion of this withdrawal unless otherwise stated: (\$ or %) \_

## **SECTION 5. TAX WITHHOLDING (Continued)**

If you have not attained age  $59\frac{1}{2}$  as of the date of the distribution, the distribution amount may be subject to a 10% premature penalty tax when you file this calendar year's tax return.

Even if you elect not to have Federal Income Tax withheld, you are liable for payment of Federal Income Tax on the taxable portion of your withdrawal. 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. **NOTE: that if you elect to have Federal Income Tax withheld, certain States require that the State Tax be withheld also.** 

SECTION 6. PAYEE INFORMATION (Must be completed.) All checks will be mailed via regular U.S. Mail unless section 7 is completed. This form may not be faxed to the Service Center if the payee includes the name of an individual other than that of the contract owner. Other restrictions may apply.	
Check Payable to:	Mail to:
SECTION 7. SPECIAL HANDLING (Optional.) Sel	ect Special Handling Option.
☐ Electronic Funds Transfer (EFT) to my bank account – proceeds	will arrive within 3 business days after the withdrawal.
☐ Wire Transfer to my bank account – a \$15.00 wire processing fe	ee will be assessed.
$\square$ Send check to address of record as indicated on this form.	
SECTION 8. SIGNATURES (Must be completed.)	
reduction in your death benefit, and/or an increased surrender period questions regarding the tax implications we recommend that you co	ences such as the assessment of a surrender charge, a tax liability, a od if you are placing the funds in a <a href="new-policy/contract">new-policy/contract</a> . If you have any onsult a tax advisor. The terms of certain qualified plans may prohibit on amounts and your most current prospectus for contract information. Customer Service Department with any questions.
Owner/Trustee Signature:	Owner/Trustee Name (Please Print):
Phone:	Social Security Number or EIN
Date:	Date of Birth
Joint Owner/Participant Signature:	Joint Owner/Participant Name (Please print):
Phone:	Social Security Number:
Date:	Date of Birth
If the requestor is a Trustee or holds a Power of Attorney for the o In addition, the signature must include the capacity in which the s	wner, please include a current Trust Document or Power of Attorney. ignor is acting (eg. John Smith, Trustee).

If the owner(s) signature(s) do not appear to match those on file, we will require the withdrawal request to be re-submitted with a Signature Guarantee.

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