

REQUEST FOR ANNUITY WITHDRAWAL

Name of Annuitant	Owner (if other than annuitant)	Policy Number
TYPE OF PLAN		
<input type="checkbox"/> Nonqualified <input type="checkbox"/> Qualified (IRA, 403b, Keogh, Pension, Profit Sharing, Deferred Comp., etc.)		
REASON FOR WITHDRAWAL (Required for 403b plans)		
<input type="checkbox"/> 59½ <input type="checkbox"/> Separation From Service <input type="checkbox"/> Disability <input type="checkbox"/> Financial Hardship (as defined by IRC)		
<input type="checkbox"/> REQUEST FOR 10% PENALTY FREE WITHDRAWAL		
<input type="checkbox"/> REQUEST FOR WITHDRAWAL/TRANSFER \$ _____ (Specify Amount Requested)		
<input type="checkbox"/> PROCESS NET AMOUNT SPECIFIED ABOVE OR <input type="checkbox"/> PROCESS GROSS AMOUNT SPECIFIED ABOVE (If not specified, net amount will be processed if available.)		
HOW ARE THESE FUNDS TO BE DISTRIBUTED? (YOU MUST CHECK ONE OF THE FOLLOWING BOXES)		
<input type="checkbox"/> DIRECT DISTRIBUTION (Check here if the funds are to be mailed directly to the policyowner)		
<input type="checkbox"/> DIRECTED ROLLOVER, TRANSFER, OR EXCHANGE (Check here if the funds are to be mailed to another institution)		
Name of Institution	Account No.	
Address of Institution		
FEDERAL INCOME TAX WITHHOLDING ELECTION FOR "NON-ELIGIBLE ROLLOVER DISTRIBUTIONS"		
<input type="checkbox"/> I elect not to have federal income tax withheld from the taxable portion of my distribution check.		
<input type="checkbox"/> I elect to have federal income tax withheld from the taxable portion of my distribution check. Insert rate if greater than 10% _____		
Please note: If your payments of estimated tax are inadequate and a sufficient amount of tax is not withheld from any distribution, penalties may be imposed under the estimated tax payment rules. If you elect withholding of federal income tax and your state requires withholding of state income tax, both taxes will be withheld. If you elect <u>not</u> to have federal income tax withheld, state income tax, if required, will not be withheld.		
If you elect not to have withholding apply to your payment, or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated rules if your withholding and estimated tax payments are not sufficient. Most distributions (both periodic and nonperiodic) from qualified retirement plans and nonqualified annuity contracts made to you before you reach age 59 ½ may be subject to an additional tax of 10%.		
As a result of the Unemployment Compensation Amendments of 1992 (P.L. 102-318), if this distribution is an "eligible rollover distribution," as defined in Internal Revenue Code Section 402(f)(2)(A), we are required to withhold 20% of your distribution unless it is paid directly to another trustee. If this distribution is not an eligible rollover distribution, then we are required to inform you of and give you an opportunity to make a tax withholding election. The new provisions apply to distributions from qualified and nonqualified life insurance policies and annuities including, but not limited to, deferred compensation plans, pension plans and 403(b) distributions. Withdrawals from these contracts are to be treated as distributions. Withholding will only apply to the portion of your distribution that is included in your income subject to federal income tax. Thus, there would be no withholding on the return of your own nondeductible contribution. If an election is not made or if withholding is elected, the Company is required to withhold as follows:		
If your check is a nonperiodic payment, the rate of withholding will be either: (a) determined according to computational procedures or tables provided in the Treasury Regulations accompanying Internal Revenue Code Section 3405 if the distribution is either a qualified total distribution or a total distribution by reason of death of the participant; or (b) 10% for any other nonperiodic payment, unless a higher rate is requested.		

WITHDRAWAL INSTRUCTIONS AND INFORMATION

1. The cash value is payable at the Service Office of the Company in Kansas City, Missouri (P. O. Box 410288, Kansas City, MO 64141-0288), and only in exchange for the policy and the executed Withdrawal request.
2. HOW TO SIGN - The request must be dated. All signatures must be written in full exactly as they appear in the policy and must be in ink.
 WHO MUST SIGN - This request must be signed by (1) the person or persons who, under the terms of the policy, have the rights of ownership,
 (2) by an assignee, and (3) by any other party who, by legal proceedings or statutes, may have an interest in the policy.
3. If signed for: (1) A Corporation, the corporate name should be written followed by the signature and title of an authorized officer. If signed for: (2) A trust, the trustee title should follow the signature of the trustee. If signed for: (3) A Partnership, the full name of the partnership should be written followed by the signature of any partner other than the insured.

Dated at _____ this _____ day of _____, _____.

 Signature of Owner (with title, if applicable)

 Signature of Joint Owner (if applicable)

 Signature of Spouse (if applicable)*

 Signature of Assignee/Irrevocable Beneficiary (if applicable)

 Social Security Number or Tax ID of Owner

* Signature of spouse is required if the policy owner resides in one of the following community property states: AZ, CA, ID, LA, NV, NM, TX, WA, WI, or Guam. If the owner was married during the time of the contract and no signature is present on this form, a copy of a death certificate or divorce decree is required.

Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 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.

POLICY OWNER'S ADDRESS

Street Address	City	State	Zip Code
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Daytime Telephone Number

NOTE: If this transaction is intended to fund a new policy, 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. The policy owner(s) has the right to receive information regarding the existing policy or contract values including, if available, an in force illustration or policy summary.