



APPLICATION FOR SETTLEMENT OPTION BENEFITS

CONTRACT NUMBER _____ OWNER _____

STREET ADDRESS _____ Is this Address for this request only?

CITY _____ Is this a Permanent Address?

STATE _____ ZIP CODE _____

DAYTIME PHONE# () _____ E-mail Address _____

Subject to the terms and conditions of the above numbered contract, I hereby make the following elections as to the form of my contact benefits. I understand that if a full balance annuitization is elected, this election is in lieu of any retirement annuity otherwise payable to me.

- **I/We wish to annuitize:**
 Full Balance **Partial Balance**\$** _____

**Partial annuitization option is only available on non-qualified annuities

- **I/We wish to receive payments (select one mode):**
 Monthly **Quarterly** **Semi-Annually** **Annually**

- **Select one process only:** **Immediately** **On Anniversary Date** **Specified Date** ____ - ____ - ____

_____ **Option 1. Installments for Specified Period**
 Proceeds paid in equal installments for the duration of the Specified Period only. Upon the death of the Primary Payee, any remaining payments will be payable to the named Beneficiary(s). The Specified Period shall be _____ years.

_____ **Option 2. Life Income with Installments for Specific Period Certain**
 Proceeds paid during the lifetime of the Primary Payee. Upon the death of the Primary Payee, any remaining payments of the specified period certain will be payable to the named Beneficiary(s). The Specified Period Certain shall be _____ years. If you elect zero years for a Life Only option, no proceeds are due to the named Beneficiary(s) upon death. **Proof of Age and a copy of social security card are required for this option.**

_____ **Option 3. Installments of a Specified Amount**
 Proceeds paid on equal installments to the Primary Payee until the proceeds together with the interest thereon are exhausted. Upon the death of the Primary Payee, the commuted value of the installments, if any, will be payable to the named Beneficiary(s). The Specified Amount shall be \$ _____.

_____ **Option 4. Joint and Survivor Income**
 Proceeds paid during the lifetime of both the Primary Payee and Contingent Payees. Upon the death of either Payee, payments continue to the survivor of them for (check one). **Proof of Age and a copy of social security card required for both Payees.**

Same Amount **Two-Thirds of Amount** **One-Half of Amount**

Primary Payee _____

Contingent Payee/Relationship to Payee _____

Date of Birth of Contingent Payee _____

_____ **Option 5. Interest Income**
 Interest on Proceeds left on deposit with the Company will be paid to the Primary Payee for three years. After that time, a new annuitization option or a lump sum option (which may or may not have a surrender charge) must be selected. Upon the death of the Primary Payee, all proceeds remaining will be payable to the named Beneficiary(s).

1. The treaty country
2. The treaty article about the income
3. The article number for the "saving clause"
4. The type and amount of income that qualifies for the saving clause.
5. Facts that provide a sufficient explanation of why the saving clause applies.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

I HEREBY REQUEST DISTRIBUTION UNDER THE QUALIFYING CONDITION STATED ABOVE IN FULL SETTLEMENT AND COMPLETE SATISFACTION OF ALL RIGHTS, CLAIMS AND DEMANDS, NOW AND IN THE FUTURE, UNDER THIS CONTRACT.

THE FORM MUST BE COMPLETED AND SIGNED IN INK BY THE PERSON OR PERSONS, WHO, UNDER THE TERMS OF THE CONTRACT, HAVE THE RIGHTS OF OWNERSHIP.

Contract Owner's Signature _____ Date _____

Contract Owner's Social Security Number ____ -- ____ -- _____

Spouse's Signature (community property) _____

Spouse's Social Security Number ____ -- ____ -- _____

COMMUNITY PROPERTY STATES

If you currently reside in one of the following States (or **Puerto Rico**) please complete the additional information below:

**Arizona
California
Idaho**

**Louisiana
New Mexico
Nevada**

**Texas
Washington
Wisconsin**

1. If you have **never been married**, please acknowledge by signing here:

Signature

Date

2. If you are **currently married**, your spouse can consent to the transaction by signing here:

Signature

Date

3. If your **spouse is deceased**, please attach a copy of the death certificate.

4. If you are **divorced**:

(A) and the policy was included in the Divorce Decree or Property Settlement Agreement and was awarded to you, please attach a certified copy of the document. Spouses consent not required.

(B) and the policy was not included in the Divorce Decree or Property Settlement Agreement, it will be necessary for your ex-spouse to consent by signing here.

Ex-spouse's Consent

Signature

Date

Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that no such interest exists and assumes no responsibility for inquiry. The insured and/or Contract owner signing this form agrees to indemnify and hold the Company harmless from the consequences of accepting this transaction.

NO AGENT IS AUTHORIZED TO ALTER THE TERMS OF THE CONTRACT OR BIND THE COMPANY

[If your policy is a Tax Sheltered Annuity/403(b), you must also submit form AA103 (30 Day Waiver Form).]