



ANNUITY PARTIAL WITHDRAWAL REQUEST

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 _____

PARTIAL WITHDRAWAL - I, the undersigned Owner(s), request a Withdrawal under the provisions of the subject contract. Benefits applicable to the amount withdrawal are forfeited. PLEASE SELECT ONLY ONE OPTION.

1. _____ PENALTY FREE PERCENTAGE % _____
2. _____ PARTIAL WITHDRAWAL \$ _____ - NET or GROSS amount (Circle only one option)
3. _____ ALL accumulated interest payable to date

The undersigned requests that the above-listed partial withdrawal be paid to the policyowner. The undersigned understands that upon receipt of this request for partial withdrawal, the Company's only liability under the amount requested as a partial withdrawal is to be for the remaining cash surrender value of the policy after the partial withdrawal and any applicable surrender charges. The undersigned understands that such payment shall terminate all rights of coverage pertaining to the amount of the partial withdrawal and will be in full settlement, release, and discharge of all claims and obligations under the policy.

Important Notice for Owners of policy form LA-07G with the Guaranteed Lifetime Withdrawal Benefit Rider LA-16424. If you have elected Lifetime Income Withdrawals under the policy's Guaranteed Lifetime Withdrawal Benefit Rider and such Rider is in-force, please note the following:

- A partial withdrawal under the policy or any other rider may result in a reduction of any future Lifetime Income Withdrawals scheduled to be paid later in the same Policy Year the partial withdrawal is paid. If so, the Lifetime Income Withdrawals may be reduced to zero until the start of the next Policy Year.
- If the amount of a partial withdrawal is greater than the total amount of the future Lifetime Income Withdrawals scheduled to be paid later in the same Policy Year, the amount of the partial withdrawal paid in excess will be treated as an Excess Withdrawal.
- **Taking any Excess Withdrawal could reduce future Lifetime Income Withdrawal Amounts by more than the dollar amount taken.**

Please see your Rider for more complete information. You may contact Us by telephone at (800) 621-3724 to find out if, as of that date, a contemplated withdrawal would trigger Excess Withdrawal treatment. The actual dollar effect of such a withdrawal on future Lifetime Income Withdrawals will be determined as of the date the Annuity Partial Withdrawal Request form is received and processed by Us.

FOR CALIFORNIA RESIDENTS ONLY - In addition to the above for partial withdrawals and/or surrenders, the undersigned expressly waives all protection under California Civil Code §1542. It is the undersigned's intention to fully, finally, and forever settle and release the Company for all matters relating to the transaction(s) herein described. In furtherance of this intention, the release herein given shall be and remain in effect as full and complete notwithstanding the discovery or existence of any additional or different claims or facts.

Withholding Election and Taxpayer Certification (Substitute IRS form W-9)

Tax deferred earnings and any pretax premiums paid into an annuity contract are taxable when the contract is surrendered. You are liable for Federal/State taxes on the taxable portion of your benefits. Unless you tell us otherwise, Federal/State income taxes will be withheld, where applicable. If you elect not to have withholding apply 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 tax rules if your withholding and estimated tax payments are not sufficient. Spousal beneficiaries may be subject to mandatory 20% withholding on Tax Sheltered Annuity (403(b)) and pension contracts. NOTE: REGULAR FEDERAL WITHHOLDING IS AUTOMATICALLY 10% IF NO ELECTION IS MADE ON LUMP SUM PAYMENTS. STATE WITHHOLDING WILL BE BASED UPON STATE SPECIFIC REQUIREMENTS. Note: The election below may not be valid in those states that have mandatory withholding. Also, if you are a non-resident alien, you must complete form W-8BEN instead of making this election now and completing the Taxpayer certification.

If you do not want withholding to occur, where opting out is permitted, please indicate such by marking the appropriate selections below:

- a) _____ I do not want Federal income tax withheld from my payment
- b) _____ I do not want State income tax withheld from my payment

Note: If you wish a specific amount or percentage to be withheld, please indicate in the spaces below. We will honor your request, provided it does not conflict with applicable federal or state law.
Specified Federal Tax Election \$ _____ or _____%

Taxpayer Identification Number: Social Security Number ____ -- ____ -- ____ OR EIN ____ -- ____

CERTIFICATION—Under penalties of perjury, I certify that:

1. 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
2. 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, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instruction: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Your signature at the bottom of this form certifies that you have read and attest to the information provided.

Note to U.S. Resident Aliens who formerly were Nonresident Aliens:

If there is a tax treaty between the U.S. and your country and it contains a "saving clause" to exempt certain types of income from U.S. tax even after you have become a Resident Alien, and you want to claim that exemption, fill out all of the form above AND attach a page showing:

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 FORM MUST BE COMPLETED AND SIGNED 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	Louisiana	Texas
California	New Mexico	Washington
Idaho	Nevada	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 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

Ex-Spouse's 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 agree 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 TSA/403(b), you must also submit form BC103.]

BC102 (03/16)