

INSURANCE COMPANY

ANNUITY PARTIAL WITHDRAWAL REQUEST

Do not use this form to elect RMDs, currender, or exercise the GLBR (WealthChoice). Each requires a specific form.

Request Periodic Withdrawals by completing Sections 1 and Request a One-Time Partial Withdrawal by completing Sections 2 and

Annuity Number		Annuitant(s)		Owner(s)		
1.	Periodic Withdrawals (Section 3 must also be completed.)	l <u></u>	receiving periodic withdraw Quarterly Semi-A	<u> </u>	mm/dd/vv	
		☐ Interest C☐ Prior Year ☐ 10% of Are time Important: Revie	Only 's Interest Only (Performance ccumulated Value (Performa of application)	e) ance not available surrender charge	e penalty-free unless rider was elected at es, MVA (Performance) or other fees related t amount.	
2.	One-Time Partial Withdrawal (Section 3 must also be completed.)	I request a one—ti An early withdraw	□ Net* Partial With □ 10% of Accumula □ Interest Only □ Prior Year's Intere □ Maximum Penalt	ted Value est Only (Performa y-Free Amount av		
3.	Payment Method	If this address so your address. Deposit my NAME ADDRESS CITY STATE ZIP DOWN TO THE ORDER OF BANK NAME ADDRESS ADDR	distribution requested direc	ve have on record ctly into the follow Note: Vo Partial V For exist below de	d, there may be a delay while we validate wing bank account (include a void check): bided check is required if a One-Time Withdrawal (Section 2 above) is completed. ting contracts, if the bank information oes not match what we already have on file, ay be a delay while we verify the new bank tion.	
		Checkin Savings I hereby authoriz if necessary, adju institution indica account. This au written notificat	ustments for any electronic of the letter calle the letter calle thority is to remain inforce a	npany to initiate entry in error to i ed DEPOSITORY, t and effect until U) of its terminatic	electronic payment entries and to initiate, my (our) account and at the financial o credit and/or debit the same such nited Life Insurance Company has received on in such time as to afford United Life	



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I.	Federal & State Withholding Instructions	For Federal withholding, an IRS Form W-4P (for periodic payments) or a W-4R (for one-time payments) may be required. For State withholding, some states require a state specific W4 Form to be submitted. All distribution requests require the submission of the Withholding Instructions page (last page of this document). The Withholding Form requirements are outlined within the Withholding Instructions form.							
j.	Certification	Substitute IRS F	orm W-9 Under pe	enalties of perju	ury, I certi	ify 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; and I am a U.S. citizen or other U.S. person (defined below); and The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. 							eporting is
		are currently su your tax return. or abandonmen arrangement (IF	structions. You must on bject to backup withh For real estate transa tof secured property RA), and, generally, pa ation, but you must pa	olding because actions, item 2 of , cancellation of yments other t	you have does not a f debt, co han inter	failed to rapply. For r	eport all interest nortgage interest s to an individual	and divi paid, ac retirem	idends on equisition
5.	Signature and Authorization							tives r sible . I	
		By providing my signature below, I understand that to ensure the security of my account and funds, United Life Insurance Company may obtain a consumer report from a consumer reporting agency or similar entity to help verify the validity and accuracy of the account information provided.							
	PLEASE SIGN BELOW								
		Dated at	City/State	this	Day	day of _	Month	, 20 _	 Year
		Owner's Signatu	re				Owner's SSN		
		Joint Owner's Sig	gnature (if applicable)				Joint Owner's SS	iN (if app	olicable)
		Spousal Signature* (if applicable)			<u> </u>				
		*Consent of Spouse of Owner - If Owner is married and lives in one of the following "communi property states" (AZ, CA, ID, LA, NM, NV, TX, WA, & WI), the Owner's Spouse must also sign. O unless the Company has been notified of a community or marital property interest in this polic is no signature, we will assume that there is no such interest.						Otherw	





WITHHOLDING INSTRUCTIONS

Periodic Withdrawals-must review/complete Sections 2, 4 & 5
One-Time Withdrawal or Surrender-must review/complete Sections 3, 4 & 5

Contract Number	Owner Name	Resident State				
1. Notice of Withholding						
Even if you elect not to have Fed portion of the withdrawal. You a estimated tax and withholding, revoke your election. If the with	deral income Tax withheld, you are liable for the payment of Federa also may be subject to tax penalties under the estimated tax paymen if any, are not adequate. You may contact us at any time prior to the sholding section is left blank, you do not provide a completed IRS Fo ntification number is not provided, tax will be withheld from your pa	nt rules if your payments of e distribution to change or rm W4-P or IRS Form W4-R, or				
2. Federal Withholding Ele	ection for Periodic Withdrawals					
	RS Form W4-P is required for this transaction. Please visit www.irs.gov/forms and search "W4-P" to obtain the required W4-P Form. If you do not wish to have Federal Withholding taken from your periodic withdrawals, please indicate such below:					
☐ I do not want Federal	☐ I do not want Federal Income Tax Withheld from my periodic withdrawals					
	ithholding above or provide a completed IRS Form W-4P will result s is single with no adjustments (as outlined in the IRS Form W-4P i					
3. Federal Withholding Ele	ection for One-Time Partial Withdrawal or Full Surrende	er				
	his transaction. Please visit <u>www.irs.gov/forms</u> and search "W4-R" e Federal Withholding taken from your one-time partial withdrawal					
☐ I do not want Federal	Income Tax Withheld from my one-time partial withdrawal or full so	urrender				
amount being withheld from yo	ithholding above or provide a completed IRS Form W-4R will result our payment (as outlined in the IRS Form W-4R instructions, page 2 e default withholding amount for your withdrawal will be 20% as	2).**If your distribution is an				
4. State Withholding Elect	ion for Periodic Withdrawals, One-Time Partial Withdra	awal or Full Surrender				
or you may elect a rate of withh do not make an election, we wil determined by your legal addres	ay be required from your distribution. In some cases, you may elect tolding or a flat dollar amount. In other cases, state income tax with all apply withholding (if required) at the minimum or default rate bass of record. Please consult the Department of Revenue/Department for further details on the specific requirements.	holding is not available. If you ed on your state of residency as				
☐ I do not want state inc	come tax withheld from my distribution(s)					
☐ I want state income ta	x withheld from my distribution(s) Please provide the following:					
☐ Single ☐ I	Married# of allowances					
	% state income tax withheld from my distribution(s) he box above this will be in addition to that amount)					
provide a completed state with claiming zero allowances (as ou	st complete a state-specific withholding form. Failure to opt out of sholding form will result in tax being withheld from your payment atlined on W-4MNP and MI W-4P form instructions). Please visit the website for a copy of the W-4 form for one-time partial withdrawa	as if your filing status is single he MN Department of Revenue				
5. Signatures (This Section	Must Be Fully Completed					
Owner's Signature	Date (Required)	SSN/TIN				

