

## Annuity Distribution Request

Owner's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Required.\* Email Address: \_\_\_\_\_

NOTE: Withdrawals will permanently reduce your account value. Your account will also be reduced by any applicable withdrawal charge, market value adjustment and federal and state income tax withheld. Please refer to your annuity contract. Withdrawals from annuities have tax consequences, and the Company will send any required tax reports to the Internal Revenue Service (IRS). You, the owner, have responsibility for any tax liability resulting from this withdrawal. Please consult with your tax advisor for assistance in determining how this transaction may affect you.

\*All distribution requests will be verified by telephone with the contract owner prior to making a disbursement.

Distribution requests for amounts greater than \$50,000 must be notarized and the original form must be sent via USPS or other delivery service to the address shown above.

INSTRUCTIONS FOR COMPLETING FORM: Complete EITHER Section 1, 2 or 3 and THEN Sections 4 through 7 as applicable.

### 1. Single Payment Requested:

**Complete Surrender.** This will terminate your annuity with the Company.

I hereby certify that my original annuity contract with the Company becomes null and void and that I will destroy the policy.

**Partial Surrender (For Required Minimum Distributions, please complete Section 2, below.)**

\$ \_\_\_\_\_.

**Maximum Penalty Free Amount.** Your check will be in the amount available free of withdrawal charges and market value adjustment.

### 2. Periodic Payments Requested: Please refer to your contract for the availability of these various payment plan options.

**Systematic Withdrawals of Interest or Flat Amount of \$ \_\_\_\_\_ (if available).** Once payments begin, we will continue payments to you until directed by you to stop.

Monthly  Quarterly  Semi-Annually  Annually

**Required Minimum Distributions (Qualified Plans Only)**

**Recurring Distributions.** Your RMD amount will be recalculated annually and sent to you each year. If you have a spousal beneficiary who is more than 10 years younger in age than you, please indicate that person's date of birth: \_\_\_\_\_,

Date of First Payment: \_\_\_\_\_

Frequency of Payment:  Monthly  Quarterly  Semi-Annually  Annually

**One-time Request.** \$ \_\_\_\_\_ (please specify the amount requested)

### 3. Annuitization Plan Requested: Please refer to your contract for the availability of these various payment plan options. This is an irrevocable option and cannot be changed once payments begin.

**Life Income.** You will be paid an income for the lifetime of the annuitant with no provision for payments to a beneficiary after the annuitant's death. **Please attach a copy of the annuitant's birth certificate or other proof of age.**

**Life Income with Payments Guaranteed for \_\_\_\_\_ (5-20) Years.** You will be paid an income for the life of the annuitant with a guarantee that at the death of the annuitant, if payments have been made for less than the term selected, payments will be continued to the beneficiary for the remainder of that term. **Please attach a copy of the annuitant's birth certificate or other proof of age.**

**Income for a Fixed Period of \_\_\_\_\_ (5-20) Years.** You will be paid equal amounts during the term selected regardless of when the annuitant dies. In the event the annuitant dies before payments are completed, your beneficiary will continue to receive payments for the remainder of the period.

**Other (specify)** \_\_\_\_\_

**4. Direct Deposit\*** Direct Deposit not available for amounts greater than \$50,000

The Depository named below is authorized to credit and/or debit the same to such account as indicated. This agreement will remain in effect until the Company terminates it or until written notice is received from me/us of its termination and the Company has sufficient time to act upon it. If at any time my/our Depository changes, I/we will provide a new notarized Authorization for Direct Deposit. I/we authorize Liberty Bankers Life/Capitol Life to initiate credit and/or debit entries as adjustments for any credit entries made in error to the account number shown below. **\*If this section is left blank, a paper check will be issued.**

Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type:  Checking  Savings

Routing Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip

**A copy of a voided check from this account MUST be attached in order for us to process this request.**

**5. Income Tax Withholding:**

For a 401 Pension/Profit Sharing/401(k), a minimum of 20% federal income tax withholding is required by law unless your distribution is a direct rollover, direct transfer, RMD or due to financial hardship. For all other contract types and for RMD and financial hardship distributions, federal tax withholding is not mandatory.

The **default withholding amount is 10%** of the taxable amount. Whether or not federal and state income tax is withheld, you are liable for payment of all applicable federal and/or state income taxes on the taxable portion of the distribution. You may also be subject to penalties under the estimated tax rules if your withholding and estimated tax payments, if any, are not adequate.

**If you do not elect out of withholding or do not attach the IRS W-4R form or make a state election**, then we will withhold the default or mandatory amount, notwithstanding any prior election you may have made for a prior withdrawal.

**Federal Income Tax Withholding** (select only one):

- DO NOT withhold federal tax, unless required.
- I am attaching IRS Form W-4R. **Withhold based on that election.**
- I am not attaching IRS FORM W-4R. **The default or mandatory amount, if any, will be withheld.**

**State Income Tax Withholding** (select only one):

- DO NOT withhold state tax, unless required.
- I request state withholding of: \_\_\_\_\_%.
- I am not specifying a state withholding percentage. **The default or mandatory amount, if any will be withheld.**

**6. Special Requests:**

\_\_\_\_\_  
\_\_\_\_\_

**7. Certification and Signatures:** Signatures must be original. Electronic or stamped signatures will not be accepted.

Owner Signature Date Print Name

Joint Owner (if any) Signature Date Print Name

Spouse Signature Date Print Name  
(Spouse's signature required in AR, CA, ID, LA, NM, NV, TX, WA, WI)

Witness Signature Date Print Name  
(Must be a Non-Family Member over the age of 18)

**8. Notarization:** For distributions greater than \$50,000, notarization is REQUIRED.

State of \_\_\_\_\_  
County of \_\_\_\_\_  
Signed and sworn to (or affirmed) before me on \_\_\_\_\_  
Date  
by \_\_\_\_\_  
Printed name(s) of individual(s) making statement  
who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.  
 personally known to me **OR**  produced Identification  
Type of ID \_\_\_\_\_  
\_\_\_\_\_  
Signature of notary public  
\_\_\_\_\_  
(Name of notary, typed, stamped or printed) Stamp/Seal  
My commissions expires: \_\_\_\_\_  
Date

# Florida Agents Only

## Recommendation to Surrender Form

Section 627.4553 of the Florida Insurance Code requires an agent who recommends the surrender of an annuity and does NOT recommend that the surrender proceeds be used to fund another annuity or life insurance policy to provide certain written information relating to the policy being surrendered.

Policy Number being surrendered: \_\_\_\_\_

Name of Policy Owner: \_\_\_\_\_

Estimated Surrender Charges to be incurred on surrender: \$ \_\_\_\_\_

Current Interest Rate being credited to this policy: \_\_\_\_\_ %

Minimum Guaranteed Interest Rate on this policy: \_\_\_\_\_ %

Current Death Benefit provided by this policy: \$ \_\_\_\_\_

The proceeds of the surrender of this policy will be used to: \_\_\_\_\_

Other benefits being forfeited as a result of this surrender, if any: \_\_\_\_\_

This information was provided to the above named policy owner:

in person     by email     by mail     by fax

on \_\_\_\_\_, 20\_\_\_\_ .

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date

**THIS INFORMATION IS TO BE MAINTAINED BY THE AGENT FOR A MINIMUM OF FIVE (5) YEARS.**

**YOU ARE NOT REQUIRED TO SEND A COPY TO THE INSURANCE COMPANY.**

<b>1a</b> First name and middle initial	Last name	<b>1b</b> Social security number
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Address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

<b>2</b> Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals) . . . . .	<b>2</b>	%
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<b>Sign Here</b>	_____ <b>Your signature</b> (This form is not valid unless you sign it.)	_____ <b>Date</b>
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**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to [www.irs.gov/FormW4R](http://www.irs.gov/FormW4R).

**Purpose of form.** Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**Caution:** If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

**2023 Marginal Rate Tables**

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

<b>Single or Married filing separately</b>		<b>Married filing jointly or Qualifying surviving spouse</b>		<b>Head of household</b>	
<i>Total income over—</i>	<b>Tax rate for every dollar more</b>	<i>Total income over—</i>	<b>Tax rate for every dollar more</b>	<i>Total income over—</i>	<b>Tax rate for every dollar more</b>
\$0	<b>0%</b>	\$0	<b>0%</b>	\$0	<b>0%</b>
13,850	<b>10%</b>	27,700	<b>10%</b>	20,800	<b>10%</b>
24,850	<b>12%</b>	49,700	<b>12%</b>	36,500	<b>12%</b>
58,575	<b>22%</b>	117,150	<b>22%</b>	80,650	<b>22%</b>
109,225	<b>24%</b>	218,450	<b>24%</b>	116,150	<b>24%</b>
195,950	<b>32%</b>	391,900	<b>32%</b>	202,900	<b>32%</b>
245,100	<b>35%</b>	490,200	<b>35%</b>	252,050	<b>35%</b>
591,975*	<b>37%</b>	721,450	<b>37%</b>	598,900	<b>37%</b>

\* If married filing separately, use \$360,725 instead for this 37% rate.

## General Instructions (continued)

**Nonperiodic payments—10% withholding.** Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

**Note:** If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

**Eligible rollover distributions—20% withholding.** Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions: (a) qualifying “hardship” distributions, and (b) distributions required by federal law, such as required minimum distributions. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

**Tax relief for victims of terrorist attacks.** If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

## Specific Instructions

### Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for “Social security number.”

### Line 2

**More withholding.** If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

**Less withholding (nonperiodic payments only).** If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

**Suggestion for determining withholding.** Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

**Examples.** Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

**Example 1.** You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

**Example 2.** You expect your total income to be \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$24,850 but less than \$58,575, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. The two rates differ. \$16,075 of the \$20,000 payment is in the lower bracket (\$58,575 less your total income of \$42,500 without the payment), and \$3,925 is in the higher bracket (\$20,000 less the \$16,075 that is in the lower bracket). Multiply \$16,075 by 12% to get \$1,929. Multiply \$3,925 by 22% to get \$863.50. The sum of these two amounts is \$2,792.50. This is the estimated tax on your payment. This amount corresponds to 14% of the \$20,000 payment (\$2,792.50 divided by \$20,000). Enter “14” on line 2.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S.

commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.