



Federal Life Insurance Company (Mutual)

3750 West Deerfield Road • Riverwoods, Illinois 60015 • (800) 233-3750

Partial Withdrawal Form

Owner's Name _____ Phone No. _____

Contract No. _____ Social Security No. _____

Owner's Address _____

City _____ State _____ Zip _____

Withdrawal Instructions – Choose One:

I request that the amount of \$ _____

I request that _____% be withdrawn from my Annuity

Federal Income Tax Withholding – Choose One:

Do NOT withhold Federal Income Tax

Withhold \$ _____ or _____%

If this section is not completed, then 10% (20% for 403(b) TSAs) will be withheld for Federal Income Taxes.

Reason for Withdrawal – Choose One:

Normal Distribution, age 59 ½ or older

Early Distribution, under age 59 ½ (possible tax consequences)

Disability, under age 59 ½

Distribution from a Rollover IRA to a qualified plan

Please mail my check to – Choose One:

Owner's address of record

Alternate Address

Name _____

Address _____

City _____ State _____ Zip _____

I hereby certify that I am the proper person to receive payments from this Annuity and that all information provided by me is true and accurate. I further certify that Federal Life Insurance Company (Mutual) or any of its representatives have given no tax advice to me. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences that may arise from this withdrawal. Surrender charges may apply if more than 10% is withdrawn per year during the surrender charge period. This transaction is final and cannot be reversed.

Signature of Owner

Date

Signature of Joint Owner (If applicable)

Date