



Federal Life Insurance Company

3750 West Deerfield Road • Riverwoods, Illinois 60015
(847) 520-1900 • (800) 233-3750 • www.federallife.com

Annuity Withdrawal Request

1. Contract Owner Information:

Owner's Name _____ Daytime Phone _____

Contract No. _____ Social Security No. _____

Owner's Address _____

City _____ State _____ Zip _____

2. Withdrawal Instructions – Choose One:

I request net withdrawal of \$ _____ or _____%.

I request recurring monthly net withdrawals of \$ _____ or _____%.

I request a full surrender of my annuity contract. I certify that there are no existing assignments and that no petition in bankruptcy has been filed by or against me. I agree that Federal Life Insurance Company is released, acquitted, and discharged from all claims and/or liabilities under this contract, if any, which may exist now or hereafter. The payment represents the full amount due under the contract.

Enclosed is the original contract.

I certify that the original contract is lost or destroyed.

For index annuities only:

Please begin recurring withdrawals Annually Semi-Annually Quarterly Monthly from my income benefit rider starting _____. Include Authorization for Direct Deposit of Contract Payments form L-2287(D).
Date

3. Federal Income Tax Withholding – Choose One:

I do not want Federal Income Tax withheld. I certify that I am not subject to backup withholding.

I want Federal Income Tax withheld of \$ _____ or _____%

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

4. Delivery Options – Choose One:

Mail check to owner's address.

Mail check to alternate address below.

Name _____

Address _____

Other: _____

5. Affirmations and Signatures:

I certify that I am the proper person to receive payment(s) from this contract. I understand that this transaction may trigger withdrawal charges and that the amount I withdraw may involve tax consequences. I understand that taxable amounts withdrawn prior to age 59 1/2 may be subject to a 10% IRS early withdrawal penalty tax. I agree that this transaction is final and cannot be reversed. I affirm that all statements made on this Annuity Withdrawal Request form are true to the best of my knowledge and belief.

Signature of Owner _____ Date _____

Additional Signature (Spouse's signature required in AZ, CA, ID, LA, NV, NM, TX, WA, and WI) _____ Date _____