



Federal Life Insurance Company

PO Box 147 • Lincolnshire, Illinois 60069
(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 a gross partial withdrawal of \$ _____ or _____% (Your check will be for the amount requested less any applicable withdrawal charges and tax withholding. Your account balance will be reduced by the amount requested.)
- ☐ I request a net partial withdrawal of \$ _____ or _____% (Your check will be for the amount requested. Your account balance will be reduced by this amount plus any applicable withdrawal charges and tax withholding.)
- ☐ I request recurring monthly ☐ Gross or ☐ 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 I understand that taxable amounts withdrawn prior to age 59 1/2 may be subject to a 10% IRS early withdrawal penalty tax.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