



Federal Life Insurance Company
P.O. Box 147, Lincolnshire, IL 60069
800-233-3750
www.federallife.com

Annuity Withdrawal Request

Section A: Contract Information

1. Contract Number	2. Owner's Full Name
3. Owner's Social Security Number	4. Owner's Phone Number

Section B: Withdrawal Request

5. Withdrawal options – choose one:

☐	Partial withdrawal – specify amount:	☐ GROSS ¹	\$		or		%
		☐ NET ²	\$		or		%
☐	Recurring monthly payments – specify amount:	☐ GROSS ¹	\$		or		%
		☐ NET ²	\$		or		%
☐	Index Annuities only: Recurring withdrawals from the Income Benefit Rider (IBR) – desired start date: _____ Frequency: ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly						
☐	Full surrender: 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. a. Is this a 1035 Rollover to another annuity contract (tax-free transfer)? ☐ No – pay the annuity proceeds directly to me ☐ Yes – provide the transfer paperwork and Corporate Resolution from the rollover company, and complete the following: ▶ Payee name: _____ ▶ Mailing address: _____						

¹ **Gross payments:** 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.

² **Net payments:** 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*.

Section C: Federal Income Tax Withholding

6. Tax withholding options – 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 _____ %.

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

Section D: Delivery Instructions

7. Delivery instructions – mail my check to:

- ☐ Current Address of Record
☐ Update my Address of Record to the following:

Section E: Signature(s)

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.

▶ _____ Owner's Signature (electronic signatures not accepted)	_____ Printed Name	_____ Date
▶ _____ Additional Signature* (Joint Owner or Spouse)	_____ Printed Name	_____ Date

*Spouse's signature required in AZ, CA, ID, LA, NV, NM, TX, WA, WI