

Systematic Withdrawal Request



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Aviva Life and Annuity Company

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INSTRUCTIONS

Use this form to begin receiving systematic withdrawals under your contract.

1. INFORMATION ABOUT YOU

First Name	Middle Initial	Last Name	
Contract Number			
Date of Birth (mm/dd/yy) / /	Social Security Number (Last 4 digits only) X X X - X X -	Contact Telephone Number	
Street Address		Email Address	
City	State	Zip	Address Change Requested:* <input type="checkbox"/>

*** For your protection, confirmation of your address change will be sent to you prior to processing this request.**

2. YOUR DISTRIBUTION OPTIONS

Please select from the following options. Please note – all options are NOT available for all products. We will contact you if you select an option that is not available to your contract.

Penalty Free Amount Required Minimum Distribution ½% per month

Gross Amount – Please send me a gross amount of \$ each period (provide amount in box).

Frequency: Annual Semi-Annual Quarterly Monthly

Please start my withdrawals on / / (mm/dd/yy)

Note: Not all dates are available for all contracts. If your desired date is not available we will set your withdrawal to the next available date. Requests for withdrawal dates after the 28th of the month will be processed on the 28th. Weekends and holidays may delay your withdrawal.

3. YOUR PAYMENTS

To provide faster access to your money, we will deposit your money directly in your bank account using electronic funds transfer (EFT). (Please note that electronic funds transfers are not available for all contracts.) Please provide the following information:

Account Name (as it appears on the account)	Bank Name	
Routing Number (Bottom left of check): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Number (Bottom center of check): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/>

To expedite your request, your first withdrawal may be sent to you via check. If Electronic Funds Transfer is not available for your account we will continue to pay you by check.



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4. YOUR TAX WITHHOLDING ELECTION

The IRS requires that we withhold 10% Federal Income Tax from your withdrawal unless you advise us otherwise. If you **do not** want us to withhold 10% of your withdrawal please select one of the options below.

- Do not withhold Federal or State income taxes from my withdrawal
- Withhold % or \$ Federal income tax from my withdrawal
- Withhold % or \$ State income tax from my withdrawal

We encourage you to consult your tax advisor to clarify your personal tax position.

5. YOUR STRATEGY ALLOCATIONS (INDEXED ANNUITIES ONLY)

Please choose how you would like your withdrawal to be taken from your accounts.

- Pro-rata from available accounts
- Other – please specify below

Please note that if you do not specify a strategy or strategies to withdraw from, the distribution will be pro-rata from available accounts.

6. YOUR CONFIRMATION

I certify that:

- 1) The taxpayer identification number provided in this agreement is correct.
- 2) No payee is subject to backup withholding.
- 3) Systematic withdrawals are subject to the withdrawal provisions contained within the contract. If withdrawals exceed the free withdrawal amount, you may incur a withdrawal charge as specified in the contract.

Signature of Owner

Date

Signature of Joint Owner

Date

If you are signing on behalf of the owner, please print your name and provide your signature below and check one of the boxes to indicate the capacity in which you are signing. Please provide documentation with the request to verify your authorization to act on behalf of the owner.

- Conservator
- Guardian
- Power of Attorney

Signature

Date

Print Name

We appreciate your business and are committed to providing you with timely, accurate and caring service. If you have any questions or need additional information, please contact your Agent or our Customer Service Call Center at the number provided on this form.

