

Aviva Life and Annuity Company

Mailing Address: P.O. Box 10433, Des Moines, IA 50306-0433
Overnight Mail: 7700 Mills Civic Parkway, West Des Moines, IA 50266-3862
Tel: 888 266 8489 Fax: 866 709 3922

INSTRUCTIONS

Use this form to request a withdrawal from 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 -	Telephone Number	
Street Address		Email Address (optional)	
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
- Amount \$ (provide amount in box) Net* Gross**
- Interest
- Required Minimum Distribution (RMD)

(If you would like to receive your RMD automatically each year, please complete the Systematic Withdrawal Form.)

*Net – The amount of the distribution AFTER taxes and/or penalties (if applicable) are deducted.

**Gross – The full amount of the distribution BEFORE taxes and/or penalties (if applicable) are deducted.

(Note: If you request a distribution for a specific dollar amount, but do not check Net or Gross, the distribution will be considered a Net Distribution.)

3. YOUR PAYMENTS

Please select where you would like your distribution mailed from the options below. If no option is selected, a check will be sent to your address of record by regular mail.

Address of Record

Alternate Address

Street Address		
City	State	Zip Code

- Overnight via UPS – (There is a charge for this service.)



Withdrawal Request



4. YOUR TAX WITHHOLDING ELECTION

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

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

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 strategies.

- Pro-rata from available strategies
- 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.

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 boxes to indicate the capacity in which you are signing. Please provide documentation with the request that verifies your authorization to act on behalf of the owner, if you have not sent this documentation to us previously.

- 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 Sales Representative or call our Customer Service Center at the phone number provided.

