

**Request for
Annuity Withdrawal**

06-020-1 (01/12)



Name of Annuitant	Owner (if other than annuitant)
Social Security Number or Tax ID of Owner	Policy Number
Type of Plan <input type="checkbox"/> Nonqualified <input type="checkbox"/> Qualified (IRA, 403b, Keogh, Pension, Profit Sharing, Deferred Comp., etc.)	
Reason for Withdrawal (Required for 403b plans) <input type="checkbox"/> 59½ <input type="checkbox"/> Separation From Service <input type="checkbox"/> Disability <input type="checkbox"/> Financial Hardship Withdrawals: Also complete the 403B Financial Hardship form on Page 3.	
<input type="checkbox"/> Request for 10% Penalty-free Withdrawal <input type="checkbox"/> Request for Required Minimum Distribution <input type="checkbox"/> Request for Withdrawal/Transfer \$ _____ (Specify Amount Requested) <input type="checkbox"/> Process Net Amount Specified Above or <input type="checkbox"/> Process Gross Amount Specified Above (If not specified, net amount will be processed if available.)	
How Are These Funds Distributed? <input type="checkbox"/> Direct Distribution <input type="checkbox"/> Regular Mail <input type="checkbox"/> EFT \$5.00 Fee (please provide voided check) <input type="checkbox"/> Overnight \$20.00 Fee (physical address required) <input type="checkbox"/> Directed Rollover, Transfer, or Exchange Name of Receiving Company: _____	
Address of Institution	Account Number

FEDERAL INCOME TAX WITHHOLDING ELECTION FOR "NON-ELIGIBLE ROLLOVER DISTRIBUTIONS"

I elect not to have federal income tax withheld from the taxable portion of my distribution check.

I elect to have federal income tax withheld from the taxable portion of my distribution check.
 Insert rate if greater than 10% _____

Please note: If your payments of estimated tax are inadequate and a sufficient amount of tax is not withheld from any distribution, penalties may be imposed under the estimated tax payment rules. If you elect withholding of federal income tax and your state requires withholding of state income tax, both taxes will be withheld. If you elect not to have federal income tax withheld, state income tax, if required, will not be withheld.

If you elect not to have withholding apply to your payment, or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated rules if your withholding and estimated tax payments are not sufficient. Most distributions (both periodic and nonperiodic) from qualified retirement plans and nonqualified annuity contracts made to you before you reach age 59 ½ may be subject to an additional tax of 10%.

As a result of the Unemployment Compensation Amendments of 1992 (P.L. 102-318), if this distribution is an "eligible rollover distribution," as defined in Internal Revenue Code Section 402(f)(2)(A), we are required to withhold 20% of your distribution unless it is paid directly to another trustee. If this distribution is not an eligible rollover distribution, then we are required to inform you of and give you an opportunity to make a tax withholding election. The new provisions apply to distributions from qualified and nonqualified life insurance policies and annuities including, but not limited to, deferred compensation plans, pension plans and 403(b) distributions. Withdrawals from these contracts are to be treated as distributions. Withholding will only apply to the portion of your distribution that is included in your income subject to federal income tax. Thus, there would be no withholding on the return of your own nondeductible contribution. If an election is not made or if withholding is elected, the Company is required to withhold as follows:

If your check is a nonperiodic payment, the rate of withholding will be either: (a) determined according to computational procedures or tables provided in the Treasury Regulations accompanying Internal Revenue Code Section 3405 if the distribution is either a qualified total distribution or a total distribution by reason of death of the participant; or (b) 10% for any other nonperiodic payment, unless a higher rate is requested.

WITHDRAWAL INSTRUCTIONS AND INFORMATION

1. The cash value is payable at the Service Office of the Company in Kansas City, Missouri (PO BOX 410288, Kansas City, MO 64141-0288), and only in exchange for the policy and the executed Withdrawal request.
2. HOW TO SIGN - The request must be dated. All signatures must be written in full exactly as they appear in the policy and must be in ink.
WHO MUST SIGN - This request must be signed by (1) the person or persons who, under the terms of the policy, have the rights of ownership, (2) by an assignee, and (3) by any other party who, by legal proceedings or statutes, may have an interest in the policy.
3. If signed for: (1) A Corporation, the corporate name should be written followed by the signature and title of an authorized officer. If signed for: (2) A trust, the trustee title should follow the signature of the trustee. If signed for: (3) A Partnership, the full name of the partnership should be written followed by the signature of any partner other than the insured.

Dated at _____ this _____ day of _____, _____.

Signature of Owner, Trustee, or Company Officer (with title, if applicable)

Signature of Spouse, Joint Owner, Irrevocable Beneficiary, Assignee,
Second Officer or Co-Trustee (with title, if applicable)

Signature of Spouse (if applicable)*

Signature of Plan Administrator with Title (for qualified plans only)

Date

*Signature of spouse is required if the policy contract is a qualified retirement plan. If the owner was married during the time of the contract and no signature is present on this form, a copy of a death certificate or divorce decree is required.

Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

POLICYOWNER'S ADDRESS

Street Address

City

State

Zip Code

Daytime Telephone Number

NOTE: If this transaction is intended to fund a new policy, the release of policy values may affect the guaranteed elements, non-guaranteed elements, face amount, or surrender value of the policy from which the values are released. The policy owner(s) has the right to receive information regarding the existing policy or contract values including, if available, an in force illustration or policy summary.

**403(b) Financial Hardship
Withdrawal Form**

06-020-1 (01/12)



Name of Annuitant	Social Security Number	Policy Number
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FINANCIAL HARDSHIP

Hardship distributions of elective deferrals must be limited to situations in which a participant can demonstrate an "immediate and heavy financial need" in addition to demonstrating that a hardship distribution of elective deferrals is necessary to satisfy such financial need.

DEEMED IMMEDIATE AND HEAVY FINANCIAL NEED

A distribution is deemed to be an immediate and heavy financial need if the distribution is for one of the following reasons:

- Medical care, illness, temporary disability
- Principal residence purchase
- Education expenses, tuition and related fees
- Preventing eviction or foreclosure

DEEMED NECESSARY TO SATISFY THE FINANCIAL NEED

If the following conditions are met, a hardship distribution of elective deferrals will be deemed necessary:

- Distribution may not exceed the amount necessary to meet the immediate and heavy financial need however, it may include any amount necessary to pay federal and state income tax
- Annuitant must obtain all other distributions/loans available under the plan
- Annuitant is prohibited from making any elective deferrals under all plans of the employer for a period of six months

CERTIFICATION OF FINANCIAL HARDSHIP

I certify that I have an immediate and heavy financial need as described above. I certify that I have exhausted all other distributions and loans that I could have taken.

I understand that the distribution may not exceed the amount necessary to meet the immediate and heavy financial need. I understand that I may only withdraw an amount not to exceed my contributions.

I understand that I will not be able to contribute to any plans of my employer for a period of six months following the hardship distribution of my elective deferrals.

Name _____ Date _____

AMOUNT OF WITHDRAWAL

Amount of withdrawal \$ _____

FEDERAL INCOME TAX WITHHOLDING ELECTION

Under penalty of perjury, I certify that the Social Security Number provided on this form is true, correct and complete. I understand that failure to furnish my Social Security Number could subject me to backup withholding. I certify that I am not subject to backup withholding.

I elect NOT to have federal income tax withheld from my distribution check.

I elect to have federal income tax withheld from my distribution check. Insert an amount _____ if more than 10% is requested.