



Conseco Annuity Assurance Company	!	Pioneer Life Insurance Company
Wabash Life Insurance Company	!	Conseco Medical Insurance Company
Conseco Life Insurance Company	!	Manhattan National Life Insurance Company
Bankers National Life Insurance Company	!	Secura Life Insurance Company
Conseco Life Insurance Company of Texas		

P.O. Box 1980
Carmel, IN 46082-1980

**WAIVER OF 30-DAY DISCLOSURE PERIOD FOR QUALIFIED PLANS AND SECTION 403(b) ANNUITIES
and DISTRIBUTION ELIGIBILITY FOR SECTION 403(b) ANNUITIES**

CONTRACT NUMBER _____ OWNER _____

ADDRESS _____

DAYTIME PHONE # () _____

WAIVER OF 30-DAY DISCLOSURE PERIOD

Withholding for federal income taxes is required on certain tax-qualified distributions that are not rolled directly into another qualified plan or IRA. Furthermore, payors are required to furnish each recipient an explanation of the law no sooner than 30 days prior to the distribution. Please refer to the enclosed "Special Tax Notice Regarding Plan Payments" for details. However, after you have read the enclosed notice and wish to waive the 30-day period, please choose one of the below elections. This will allow your distribution request to be processed prior to the end of this 30-day period. If the waiver form is not returned, your requested distribution cannot be processed until after this 30-day period.

I ELECT NOT TO MAKE A DIRECT ROLLOVER

I ELECT TO MAKE A DIRECT ROLLOVER *

PLEASE PROCESS MY DISTRIBUTION REQUEST PRIOR TO THE EXPIRATION OF THE 30-DAY DISCLOSURE PERIOD.

*Rollover paperwork from new carrier must be included

DISTRIBUTION ELIGIBILITY

I understand that distributions for balance accrued after December 31, 1988 can only be made under one of the following conditions. I certify that I qualify for the requested distribution based upon the below checked condition.

Age 59 1/2 or older

Termination of employment with Employer/Plan Sponsor.
Date of Termination _____ accompanied with letter from the previous employer on company stationery.

Disabled within meaning of the Internal Revenue Code Sec. 72(m)(7) accompanied with benefit verification letter from the Social Security Administration* or Physicians Statement.

Attainment of age 55 and retired. Date of Retirement _____

Hardship as defined by the Internal Revenue Service and accompanied with the TSA Hardship Withdrawal affidavit. (Not applicable to Annuity payments)

The distribution will be made from my balance accrued as of December 31, 1988. (If balance permits.)

UNLESS YOU ELECT TO HAVE YOUR DISTRIBUTION ROLLED DIRECTLY TO AN IRA OR ANOTHER QUALIFIED TSA PROGRAM, YOUR DISTRIBUTION IS SUBJECT TO 20% MANDATORY FEDERAL INCOME TAX WITHHOLDING. ALSO, IF YOUR DISTRIBUTION IS NOT ROLLED OVER, IT WILL BE SUBJECT TO FEDERAL AND STATE INCOME TAX, AND IT MAY BE SUBJECT TO A 10% NONDEDUCTIBLE FEDERAL EXCISE TAX IF YOU ARE UNDER AGE 59 1/2.

I hereby request distribution under the qualifying condition stated above in full settlement and complete satisfaction of all rights, claims and demands, now and in the future, under this contract. Indebtedness against this contract is to be deducted from the surrender value of the contract. It is agreed that the liability of the Company, except for the surrender values, is discharged and terminated on the date this properly executed form is received in the Administrative Office of the Company.

THE FORM MUST BE COMPLETED AND SIGNED IN INK BY THE POLICYOWNER, WHO UNDER THE TERMS OF THE CONTRACT, HAVE THE RIGHTS OF OWNERSHIP.

Contract Owner's Signature _____ DATE _____

Spouse's Signature (community property) _____

Witness Signature _____

Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that no such interest exists and assumes no responsibility for inquiry. The insured and/or policyowner signing this form agrees to indemnify and hold the Company harmless from the consequences of accepting this transaction.

IF YOU SHOULD HAVE ANY QUESTIONS REGARDING THE MEANING OF DISABLED OR DEFINITION OF HARDSHIP AS DEFINED BY THE INTERNAL REVENUE SERVICE, YOU WILL NEED TO CONTACT YOUR TAX ADVISOR OR THE INTERNAL REVENUE SERVICE DIRECTLY. YOU MAY CONTACT THE SOCIAL SECURITY ADMINISTRATION AT 1-800-772-1213 IN ORDER TO OBTAIN A BENEFIT VERIFICATION LETTER.

NO AGENT IS AUTHORIZED TO ALTER THE TERMS OF THE CONTRACT OR BIND THE COMPANY.