



403(b) TAX SHELTERED ANNUITY WITHDRAWAL REQUEST FORM

BEFORE COMPLETING, PLEASE READ THE ATTACHED INFORMATION AND INSTRUCTIONS

PARTICIPANT NAME: STREET ADDRESS: CITY, STATE, ZIP: TELEPHONE NO: FSL I.D. NO.: CONTRACT/POLICY NO: EMPLOYER: BIRTHDATE:

- 1. I request a complete withdrawal (see tax withholding) or a partial withdrawal in the amount of \$ Gross or Net (see tax withholding) (does not require the certificate to be returned) (circle one) I request a hardship withdrawal in the amount of \$. In addition, please Do withhold Federal Income Tax (or) Do not withhold Federal Income Tax (see tax withholding) I request interest only payments to begin on a monthly, quarterly, semi-annual, or annual basis. Minimum account value for monthly is \$100,000.00, for quarterly is \$40,000.00.

** Tax Withholding

I understand that 20% will be withheld for Federal Income Tax.

If the request is a hardship withdrawal, please indicate if you want Federal Income taxes withheld. Under the hardship withdrawal, you can elect not to have taxes withheld at the time of withdrawal. If no election is made, FSL will automatically withhold 20%.

- 2. I request a plan to plan transfer to my 403(b) annuity with:

I request a direct rollover to: A letter of acceptance from the successor must be submitted before a plan to plan transfer or direct rollover can be processed.

- 3. My contributions are are not going to continue. (Upon approval of a financial hardship contributions must stop for a period of 6 months.)

- 4. My last contribution is/was for the payroll period ending. For complete withdrawals the check will not be mailed until the last contribution is received. Please have your employer's payroll clerk verify.

- 5. EMPLOYER SECTION: The above employees' termination/retirement date is

Employer's signature: Title:

- 6. My Certificate/Policy is attached. OR For Lost Certificate/Policy:

I certify that the said certificate/policy has been lost or destroyed and after diligent search has not been located, and that the said certificate has not been pledged or assigned in any way whatsoever. I further state that if said certificate/policy should be found at any time, I will immediately return it to Fidelity Security Life Insurance Company.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Date: Social Security No:

Participant's Signature:

TPA/Employer's Signature: