

Annuity Withdrawal Request

Ameritas Life Insurance Corp. ("Company") P.O. Box 81889, Lincoln, NE 68501/ 800-745-1112/ Fax 402-467-7335

(TIN refers to Tax Identification Number)

Policy Number: _____ Phone Number: _____

Name of Owner: _____ TIN/SSN: _____

Name of Joint Owner: _____ TIN/SSN: _____

1. Partial Withdrawal *(only)* 1174

The partial withdrawal amount you request will be the **GROSS AMOUNT**, unless otherwise indicated, which will include taxes withheld, if elected. **The total amount will be increased or decreased by any applicable withdrawal charge and applicable market value adjustment.** If after the partial withdrawal the remaining amount is less than the minimum specified in the policy, then the Accumulation Value will be surrendered instead of the requested amount.

Partial Withdrawal
in the amount of \$ _____ or Penalty Free Withdrawal or Maximum Available

2. Allocation of Withdrawal – Variable Only.

A partial withdrawal will be taken on a pro rata basis UNLESS you specify the sub-account(s) below:

_____ \$ _____

3. Systematic Withdrawal *(Complete both Sections 3A & 3B)* 1193 1257

Section 3A

Requested Fixed Amount \$ _____ or Penalty Free Withdrawal or Interest Only

Required Minimum Distribution. I request to begin the Required Minimum Distribution as set forth by the Internal Revenue Code. The company is instructed to calculate my required minimum distribution each year.

Joint Life/Recalculation (Spouse Beneficiary more than 10 Years Younger) – Spouse Date of Birth: _____

Section 3B

Withdrawal Date: _____
Must be between the 1st-28th,
if left blank, next business day is used.

Frequency: If no box is marked, the distribution will be set up annually.

Monthly Quarterly Semi-Annually Annually *(default)*

4. Method of Payment 1069

ACH or Wire Transfer *(\$14 fee)*

Note: Please verify the information with your bank as wiring instructions may differ from the information on your voided check.

Owner's Bank Account Information for Direct Deposits		
Name of Bank Account Owner:	Account Number:	Routing Number:
Address of Bank Account Owner:		
Phone Number of Bank Account Owner:	Type of Account: <input type="checkbox"/> Checking <i>(attach voided check)</i> <input type="checkbox"/> Savings <i>(attach letter from bank with routing number, account number and payee name)</i>	
Name of Financial Institution		

By signing this form, I authorize the company to deposit funds by electronic funds transfer to the account and financial institution reflected on this form. I further authorize the financial institution to debit my account and to refund any overpayment made by the Company. This authorization will remain in effect until the Company receives written notification of such change, in sufficient time to act.

5. Additional Instructions:

6. Tax Withholding.

Please note that some states have mandatory state income tax withholding which will also be deducted from your payment.

Elective Tax Withholding For IRA, Non-Qualified Annuity, Roth, SEP, and Simple Policies ONLY

The IRS requires that we withhold 10% federal income tax from your distribution unless you advise us otherwise. Withholding will only apply to the portion of your payment that is taxable. **If no box is marked, federal income tax will be withheld at the standard rate of 10%.**

Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your annuity. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

- DO NOT withhold federal income taxes from the taxable portion of the payment
 - I would like this additional percentage withheld in addition to the standard 10% withholding: _____%.
- 10% withholding + _____% additional withholding = _____% Total withholding

Mandatory Withholding For Profit Sharing, Qualified Pension, Tax Sheltered Annuity, and 457 Plans Only

Not applicable to qualified plan distributions eligible for rollover. I understand that **20 percent** federal income tax will be withheld from my distribution.

I understand that I have the right to consider whether or not to elect a direct rollover for 30 days following receipt of the special tax notice. I understand I may waive this right by signing and returning this form prior to the end of the 30 day period.

7. Signatures.

Date: _____
Month Day Year

X _____
Signature of Owner

X _____
Signature of Joint Owner

Print or Type Name of Owner

Print or Type Name of Joint Owner

Additional Signatures for Profit Sharing, Qualified Pension and 457(b) Plans ONLY.

X _____
Annuitant Signature (Profit-Sharing, Qualified Pension and 457(b) plans ONLY) TIN/SSN _____ Date _____

X _____
Plan Trustee Signature and Title (Profit-Sharing, Qualified Pension, 457(b) plans ONLY) TIN/SSN _____ Date _____

****For participants in Section 408(e), 401(a), Section 403(a) Annuity Plans, or 457 Plans:** By signing above, I acknowledge that I have reviewed the Safe Harbor disclosure that accompanied this form or is available on-line at ameritas.com

Additional Signature Requirements for 403(b) Plans ONLY: By signing below, I am authorized to certify to the following fact(s) on behalf of the plan and the employer. The distribution requested below is in accordance with the plan documents:

- Attainment of age 59½ Disability Separation from Service A Series of Distributions under IRS section 72t
- Retired at 55 or older Hardship Distribution Required Minimum Distribution Other (Please Specify) _____

Print Name and Title

X _____
Plan Administrator Signature and Title for 403(b) plans ONLY TIN _____ Date _____

Community Property States: The following are community property states and we request a spouse's signature (on Other Required Signature line) to process your chosen service request: California, Washington, Arizona, Nevada, New Mexico, Idaho, Wisconsin, Texas and Louisiana.

X _____
Other Required Signature/Irrevocable Beneficiary Print or Type Other Required Name