

Annuity Partial Withdrawal or Surrender 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: _____

Name of Owner: _____ TIN/SSN: _____

Name of Joint Owner: _____ TIN/SSN: _____

1. Withdrawal

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

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. Surrender

1190

Full Cash Surrender. I request the cash surrender value from the Company as payment in full of all rights, interest and claims to and under the above policy which is hereby surrendered for cancellation. **Any applicable surrender charge and any Market Value Adjustment will be deducted in accordance with the policy provisions.**

4. Systematic Withdrawal

1193 1257

Requested Amount \$ _____ Penalty Free Withdrawal 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.

Effective month to begin automatic deposits: _____ Month / Year Withdrawal Date: _____ Must be between the 1st and 28th of the month

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

5. Frequency

Withdrawal or Surrender Distributions – One Time Deposit: ACH (default) or Wire Transfer (\$14 fee)

Systematic Withdrawal Distributions paid by Direct Deposit (ACH): Monthly (default) Quarterly Semi-Annually Annually

Financial Institution/Account Information for Direct Deposits		
Name of Account Owner:	Account Number:	Routing Number:
Address:		
Telephone Number:	Type of Account: <input type="checkbox"/> Checking (attach voided check) <input type="checkbox"/> Savings	
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.

6. Additional Instructions.

7. 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.

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: % 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.

- By checking this box, 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 checking this box, signing, and returning this form prior to the end of the 30 day period.

8. Signatures.

FRAUD WARNING NOTICE: 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: 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

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

403(b) Plans Only - Signature Required: 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 59 1/2 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