

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 partial withdrawal amount you request will be increased or decreased by any applicable taxes withheld, withdrawal charge or 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,
the first available business day will be 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.

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 life insurance policy and/or 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

If you would like us to withhold a rate other than 10% (including no withholding), review the attached instructions and complete form IRS W-4R.

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

*I understand that **20 percent** federal income tax will be withheld from the portion of my distribution that constitutes an eligible rollover distribution as defined by IRS regulations.*

If you would like us to withhold a rate greater than 20 percent, review the attached instructions and complete form IRS W-4R.

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

Notice of Withholding on Distributions or Withdrawals From Life Insurance Policies, Annuities, IRA's, Pension, Profit Sharing, Stock Bonus, and Other Deferred Compensation Plans

The distributions you receive from Ameritas Life Insurance Corporation are subject to Federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your distribution that is included in your income subject to Federal income tax. Thus, for example, there will be no withholding on the return of your own nondeductible contributions to the contract.

You may elect not to have withholding apply to your distribution by signing and dating the attached IRS W-4R form and returning it to Ameritas Life Insurance Corporation.

If you do not return the election before the date of the requested disbursement, receipt of your payments may be delayed. If you do not respond by the date your distribution is scheduled to begin, Federal income tax will be withheld from the taxable portion of your distribution at a rate, no less than 10%.

If you elect not to have withholding apply to your distribution payments, or if you do not have enough Federal income tax withheld from your distribution you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

General Instructions (*continued*)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don’t give Form W-4R to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can’t honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can’t choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don’t give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Generally, distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate’s employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700, is

greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18,050 that is in the lower bracket). Multiply \$18,050 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter "13" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.