

Life Investors Insurance Company of America  
Monumental Life Insurance Company  
Peoples Benefit Life Insurance Company  
Transamerica Financial Life Insurance Company  
Transamerica Life Insurance Company  
Transamerica Occidental Life Insurance Company  
Western Reserve Life Assurance Co. of Ohio

# ANNUITY DISTRIBUTION FORM

(for IRAs and non-qualified annuities)

Service Office and Overnight Mailing Address:  
4333 Edgewood Rd NE, Cedar Rapids, IA 52499  
Fax Number: (319) 355-4385

To request a systematic payout, please complete the appropriate Systematic Payout Option form.

## 1. POLICY INFORMATION

Policy Owner

Policy Number

Citizenship:  U.S. Citizen/Resident Alien

\* Non-Resident Alien (Country of Residence: \_\_\_\_\_ )

\* If the Owner is a Non-Resident Alien a W-8BEN is required.

## 2. DISTRIBUTION OPTIONS

Partial distribution: \$ \_\_\_\_\_ or \_\_\_\_\_ %

Full distribution of annuity policy:

This surrender is being evaluated during initial "Free Look" period:  Yes  No

### Additional Options - IRAs Only:

Minimum Required Distribution (if choosing this option please complete the following section).

Year for which distribution is being taken: \_\_\_\_\_ Value of IRA as of previous year end: \$ \_\_\_\_\_

Relationship of Beneficiary to Owner: \_\_\_\_\_ Beneficiary Date of Birth: \_\_\_\_\_

For variable annuities, unless otherwise indicated in the Special Instructions, distribution(s) will be applied proportionate to current allocations.

## 3. DISTRIBUTION INSTRUCTIONS

Payout Method:

Send check to address of record.

Send check overnight express (*Shipping costs will be deducted from your distribution*)

Direct Deposit (this option may not be available on all policies) (*Must include a voided check*)

Checking  Savings

Send check in care of:

Financial Institution

Address

City, State, Zip

Telephone Number

Attention

## 4. SPECIAL INSTRUCTIONS

**ATTACH VOIDED CHECK HERE**

**If a voided check is NOT attached, we will send the check to your address of record.**

**5. INCOME TAX WITHHOLDING**

**PLEASE READ THE INFORMATION CONCERNING FEDERAL AND STATE INCOME TAX WITHHOLDING ON PAGE 3 OF THE FORM.** If a box below is not marked, Federal Income Tax will be withheld at a rate of 10% (unless you ask us to withhold at a higher rate). Your state may also require income tax withholding and your election will be applied to both Federal and State income tax unless you tell us differently.

Yes, I want to have income tax withheld from my distribution:

Federal \_\_\_\_\_ % **(Federal tax withholding must be 10% or greater)**

State \_\_\_\_\_ % **(State tax withholding must be the minimum percentage required by your state or greater)**

No, I do not want income tax withheld from my distribution.

**6. REQUIRED SIGNATURE**

By signing this form I acknowledge that I have read the information on this form, and that I understand any distributions requested will be subject to applicable policy penalties. I understand that failure to provide the Company with my correct name and Taxpayer Identification Number will result in the Company having to ignore my election out of income tax withholding. In addition, a 10% Federal Tax penalty may be imposed on withdrawals from the annuity if I am not 59-1/2. I acknowledge that I have consulted my tax advisor for details on these matters.

Unless we have been notified of a community or marital property interest in this policy, we will rely on our good faith belief that no such interest exists and will assume no responsibility for inquiry. The policy owner agrees to indemnify and hold the Insurance Company harmless from the consequences of accepting this transaction.

\_\_\_\_\_  
Signature of Owner/Trustee Date

\_\_\_\_\_  
Social Security Number/TIN Telephone Number

\_\_\_\_\_  
Signature of Joint Owner/Trustee Date

\_\_\_\_\_  
Social Security Number/TIN Telephone Number

**Signature Guarantee (required for all distributions \$50,000 and above)**

**Notary Stamp or Medallion Signature Guarantee**

**Notary Signature:** \_\_\_\_\_

**Notice Concerning Federal and State Income Tax Withholding**

The taxable portion of your distribution is subject to federal (and applicable state) income tax withholding. Alternatively, you may elect to not have Federal Income Tax withheld.

If you elect not to withhold taxes from your policy distribution(s) 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.

For an IRA, withholding will apply to the full amount distributed. For a non-qualified annuity, however, withholding will apply only to the taxable portion of the distribution. For tax purposes, we treat distributions from non-qualified deferred annuities as distribution of earnings first. Federal Income Tax will be withheld at a rate of 10% of the taxable amount. If you wish to have a larger amount withheld, note the percentage in writing on page 2 of this form.

If you, the policy owner, are a resident of a state that requires income tax withholding, you are electing not to have amounts withheld for state income taxes when you elect not to have Federal Income Taxes withheld. If state income tax withholding applies, we will withhold the amount required by your state.

Distributions from a deferred annuity may be subject to a federal tax penalty equal to 10% of the taxable amount distributed. This tax penalty is not applicable if you are at least 59 1/2 years old or another exception applies, such as amounts invested in the annuity prior to August 14, 1982. We recommend you seek the advice of a competent tax consultant concerning any applicable tax penalties prior to taking a distribution from your annuity.

The lump sum payout option only allows us to hold a request for a maximum of 5 business days.

**Assignee Authorization**

If your non-qualified deferred annuity has been assigned, the written authorization of the Assignee will be required before any distribution can be processed. All checks will be made payable to you and the Assignee jointly.