

**Election of Annuitization**

**CONTRACT INFORMATION**

**OWNER NAME (First, Middle, Last)**  **SOCIAL SECURITY NUMBER / TIN**  Check if TIN

**ADDRESS**  **CITY**  **STATE**  **ZIP**

**TELEPHONE NUMBER (include area code)**  **DATE OF BIRTH (MM/DD/YYYY)**

**JOINT OWNER NAME (First, Middle, Last) – if applicable**  **SOCIAL SECURITY NUMBER / TIN**

**ANNUITANT'S NAME (First, Middle, Last)**  **CONTRACT NUMBER**

**ANNUITIZATION TYPE – Choose one option**

- Full Annuity Option**  
 The entire value of your contract is applied to the full annuity option you select. Your Account Value is converted into a stream of income payments and the contract will no longer allow for withdrawals, surrenders, exchanges or transfers. A withdrawal charge or Market Value Adjustment (MVA) may be applicable. This option is permanent, irrevocable and the terms of the payout cannot be changed.
- I request a Partial Annuity Option in the amount of \$ \_\_\_\_\_.  
 The amount listed above is applied to the partial annuity option you select. The amount applied to the option must meet minimum requirements and the remaining Account Value must be greater than the Minimum Account Value stated in the contract. The Partial Annuity Option may not be available for all products, please see your contract for details.

**INCOME OPTIONS – Choose one option**

**Single Annuitant Option**

**Period Certain Only**<sup>1,2</sup> (5-30 years) \_\_\_\_\_ Years \_\_\_\_\_ Months

**Single and Joint Annuitant Options**

For life contingent options, verification of each Annuitant's age is required. Acceptable documents include a copy of a driver's license or birth certificate. If a Joint Annuitant is named on this form, then the Income Option chosen will be a Joint Life Option.

- Life Only**<sup>3</sup>
- Life with Period Certain**<sup>1,2</sup> (5-30 years) \_\_\_\_\_ Years \_\_\_\_\_ Months
- Life with Installment Refund** (Smart Select Only)
- Life with Cash Refund** (Smart Select Only)

<sup>1</sup> See SECURE Act disclosure.  
<sup>2</sup> All years may not be available.  
<sup>3</sup> Pays an income until the death of the (last) Annuitant when the contract terminates and no further payments will be made regardless of the amount received.



**PAYMENT INFORMATION**

**PAYMENT FREQUENCY**

Annual  Semiannual  Quarterly  Monthly

**PAYMENT START DATE**

**DATE (MM/DD/YYYY)**

Immediately  Alternate Start Date

(Start Date must be within 30 days of Signature. If no box is checked, an immediate payment start date will be used.)

**JOINT ANNUITANT INFORMATION – Only complete for Joint Life Income Options**

A Joint Annuitant is NOT a Joint Owner.

**NAME (First, Middle, Last)**

**SOCIAL SECURITY NUMBER**

**DATE OF BIRTH (MM/DD/YYYY)**

**GENDER**

Male  Female

**TELEPHONE NUMBER (include area code)**

**RELATIONSHIP TO OWNER**

**ADDRESS Line 1**

**Line 2**

**CITY**

**STATE**

**ZIP**

**BENEFICIARY INFORMATION**

The following Beneficiary is designated in the event of the Owner's death to receive the commuted value or unpaid installment payments as they become due dependent upon the original option elected.

**NAME (First, Middle, Last)**

**SOCIAL SECURITY NUMBER / TIN**

Check if TIN

**DATE OF BIRTH (MM/DD/YYYY)**

**GENDER**

Male  Female

**TELEPHONE NUMBER (include area code)**

**E-MAIL ADDRESS**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

**RELATIONSHIP TO OWNER**

**BENEFICIARY TYPE**

**PERCENTAGE**

Primary  Contingent

 %

**BENEFICIARY INFORMATION**

**NAME (First, Middle, Last)**

**SOCIAL SECURITY NUMBER / TIN**

Check if TIN

**DATE OF BIRTH (MM/DD/YYYY)**

**GENDER**

 Male Female

**TELEPHONE NUMBER (include area code)**

**E-MAIL ADDRESS**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

**RELATIONSHIP TO OWNER**

**BENEFICIARY TYPE**

 Primary Contingent

**PERCENTAGE**

 %

---

**NAME (First, Middle, Last)**

**SOCIAL SECURITY NUMBER / TIN**

Check if TIN

**DATE OF BIRTH (MM/DD/YYYY)**

**GENDER**

 Male Female

**TELEPHONE NUMBER (include area code)**

**E-MAIL ADDRESS**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

**RELATIONSHIP TO OWNER**

**BENEFICIARY TYPE**

 Primary Contingent

**PERCENTAGE**

 %

**NOTE:** If more Beneficiaries are to be designated, please attach a separate sheet providing Western & Southern Life with complete information on each beneficiary.



**AUTHORIZATION FOR DIRECT DEPOSIT**

Please check one option, and complete the information below:

- Checking Account** (You **MUST** attach a voided check, or a copy of a voided check)
- Savings Account** (Complete the information below **AND** have a Bank Representative verify and sign below, **OR** attach a signed letter of instruction on the Bank's letterhead with the information requested below.)

With Direct Deposit, please allow 3-5 business days after the payment date for the funds to be deposited into the designated account.

**FINANCIAL INSTITUTION NAME**

**ABA ROUTING NUMBER**

**ACCOUNT NUMBER**

**FINANCIAL INSTITUTION ADDRESS**

**FINANCIAL INSTITUTION PHONE NUMBER**

**NAME OF ACCOUNT OWNER**

**OTHER ACCOUNT NUMBER (if applicable)**

**FINANCIAL INSTITUTION REPRESENTATIVE NAME**  
(printed)

**FINANCIAL INSTITUTION REPRESENTATIVE SIGNATURE**

- OR** make check payable to and mail to the contract owner

**INCOME TAX WITHHOLDING (Complete for all requests)**

Federal tax law requires Western & Southern Life Insurance Company (Western & Southern Life) to withhold federal income tax from the taxable portion of your annuity unless you elect not to have withholding apply. Withholding will be done on the same basis as wage withholding. Unless you request otherwise, Western & Southern Life will be required to withhold taxes on the basis that you are married claiming three allowances. If you are a resident of AR, CA, CT, DC, IA, KS, MA, ME, MI, NE, NC, OK, OR, VA, VT or Puerto Rico and withhold federal tax, Western & Southern Life must also withhold state tax at the state's standard rate unless you indicate otherwise. State withholding does not apply in AK, FL, ND, NH, NV, SD, TN, TX, WA and WY. If you choose not to withhold federal tax, Western & Southern Life will also not withhold any state income tax unless you indicate otherwise. If you are a resident of DC or MI and your contract is qualified, mandatory state withholding applies without the option to change or elect out of state withholding.

Even if you elect not to have income tax withheld, you are still liable for the payment of income taxes on your taxable distributions. You may also be subject to tax penalties if your payments of estimated tax and withholding, if any, are inadequate. You direct Western & Southern Life:

- NOT to withhold federal income tax (or state income tax, if applicable)**
- Withhold federal income tax (and any applicable state income tax) on the following basis:**

Marital Status:  Married  Single      Number of withholding allowances: \_\_\_\_\_

If you choose to withhold taxes based on your marital status and allowances, the amount withheld from your payment may be \$0.00.

- To withhold taxes as follows:**

Federal  standard rate  \_\_\_\_\_% rate  \$\_\_\_\_\_ amount **AND**  
 State  standard rate, if applicable  \_\_\_\_\_% rate  \$\_\_\_\_\_ amount



**REPRESENTATIVE INFORMATION (if applicable)**

**NAME (First, Middle, Last)**

**IDENTIFICATION NUMBER**

**BRANCH ADDRESS**

**CITY**

**STATE**

**ZIP**

**FIRM NAME**

**TELEPHONE NUMBER (include area code)**

**SECURE ACT DISCLOSURE**

The SECURE Act eliminates “stretch IRAs” by requiring that all distributions to a designated beneficiary be made by the end of the 10<sup>th</sup> calendar year following the year in which the IRA owner dies (except if such beneficiary is a surviving spouse, disabled, chronically ill, a minor child or not more than 10 years younger than the IRA owner). Therefore, any period certain payout that would extend beyond the 10<sup>th</sup> calendar year following the last annuitant’s death will be commuted at the end of that 10-year period.

**SPOUSAL CONSENT (if applicable)**

**SPOUSAL CONSENT – For contracts where owner resides or has resided in AZ, CA, ID, LA, NM, NV, TX, WA and WI, if the spouse is not named as the sole primary beneficiary on the contract.**

If you are married and have designated any primary beneficiary(ies) other than your spouse, your spouse may need to consent to a non-spouse being designated as beneficiary for any portion of its benefits. You may obtain such consent by having your spouse sign below. **The company is not liable for any consequence resulting from your failure to obtain proper consent.**

I have reviewed this beneficiary designation and, as spouse of the policy owner, I consent to it and waive any rights I may have to the policy proceeds to the extent of this designation. This consent supersedes any prior spousal consent regarding the policy.

Print Name \_\_\_\_\_  
SPOUSE

Sign Here \_\_\_\_\_  
SIGNATURE OF SPOUSE

Date \_\_\_\_\_



**CERTIFICATIONS AND AGREEMENTS**

**Under penalties of perjury**, I certify that: (1) the number shown on this form is my correct tax payer identification number, (2) that I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and** (3) I am a U.S. citizen or resident alien.

**Note: You must cross out item #2 of certification if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting of interest or dividends on your tax returns.**

I understand all amounts withdrawn from a tax-qualified annuity contract are treated as taxable income. If I am under age 59 ½, I understand that I may be subject to a 10% penalty tax on taxable amounts received.

I understand and acknowledge that I should seek professional tax advice about my specific situation and that **Western & Southern Life does not provide tax advice.**

I authorize Western & Southern Life to credit my account with any future annuity income payments at the above named financial institution. This agreement will remain active until written notice is received and in such time as to afford Western & Southern Life reasonable opportunity to act on my request. I authorize the financial institution to debit my account and to refund any overpayments by Western & Southern Life.

**I understand and agree to the above terms and conditions on this Annuitization Request Form as a part of my transaction request.**

Print Name \_\_\_\_\_  
OWNER

Sign Here \_\_\_\_\_  
SIGNATURE OF OWNER

Date \_\_\_\_\_

Print Name \_\_\_\_\_  
JOINT OWNER

Sign Here \_\_\_\_\_  
SIGNATURE OF JOINT OWNER – IF APPLICABLE

Date \_\_\_\_\_

