

# NON-PERIODIC DISTRIBUTION REQUEST FORM

## ♦ GENERAL INFORMATION

(PLEASE PRINT)

Owner Name: \_\_\_\_\_ Contract Number: \_\_\_\_\_  
Annuitant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## ♦ TYPE OF DISTRIBUTION

Partial Surrender/Withdrawal

\_\_\_\_\_ % of current account value.  
*This percentage will be withdrawn from your account balance. Your check will be reduced by any Federal and/or State Income Tax withholding elected. Surrender charges may apply, see your contract for details.*

\$ \_\_\_\_\_ specific dollar amount.  
*Your check will be reduced by any Federal and/or State Income Tax withholding elected. Surrender charges may apply.*

10% Free Amount. (see Contract provisions)  
*Your check will be reduced by any Federal and/or State Income Tax withholding elected.*

Total Surrender

***Your check will be reduced by any Federal and/or State Income Tax withholding elected. Surrender charges may apply.***

Contract Loan

***Important Note: See your contract for Loan provisions and maximum allowable loaned value.***

\_\_\_\_\_ % of current account value.  
*This percentage will be withdrawn from your account balance. Federal and/or State Income Tax charges, if elected, will then be deducted from this amount to determine your check amount.*

\_\_\_\_\_ specific dollar amount.  
*Your check will be reduced by any Federal and/or State Income Tax withholding elected.*

## ♦ MAILING ADDRESS

Mail Check:  To the address on file     Alternate Address     Direct Deposit

Alternate Mailing Addressee: \_\_\_\_\_

Financial Institute Name: \_\_\_\_\_

Financial Institute Address: \_\_\_\_\_

Transit Routing Number: | : \_\_\_\_\_ | : Please contact your financial institution for correct information.

Account Number: \_\_\_\_\_    Type of Account:  Checking     Statement Savings

## ♦ REASON FOR DISTRIBUTION

<input type="checkbox"/> Premature Distribution (Contract Owner has not reached age 59 1/2)	<input type="checkbox"/> Normal Distribution (Contract Owner is at least age 59 1/2)	<input type="checkbox"/> Disability (As defined by IRC Section 72(m)(7))
<input type="checkbox"/> Guaranteed Principal Rider	<input type="checkbox"/> Terminal Illness Rider (If eligible, verification required)	<input type="checkbox"/> Nursing Care Facility Waiver (If eligible, verification required)
<input type="checkbox"/> Excess IRA Contributions Plus Earnings (Tax Year _____)		

♦ **WITHHOLDING ELECTION (FORM W-4P)**

**YOU MUST COMPLETE THIS SECTION. WE MAY BE REQUIRED TO WITHHOLD TAXES EVEN IF YOU HAVE ELECTED OTHERWISE.**

**Federal Withholding Election (Choose One):**

- I elect not to have Federal Income Tax withheld.
- I elect Federal withholding from this nonperiodic distribution at the rate of \_\_\_\_\_% (min. 10%) or amount of \$ \_\_\_\_\_.

**State Withholding Election:**

**If you reside in CT, mandatory 6.99% will be withheld from the taxable amount unless a completed Form CT-W4P election has been submitted for use in calculating the withholding amount.**

**If you reside in IA, MA, ME, NE, OK, or VT - State Income Tax Withholding is required if Federal Tax is withheld.**

**If you reside in NC, OR - You must make an election or elect out of State Income Tax Withholding.**

**If you reside in CA, IN, MD, MO, MT, NJ, NM, UT, WI - you may voluntarily elect State Income Tax Withholding.**

Note: We do not withhold in states unless required. If you elect State withholding but fail to provide a dollar amount or percentage, we will withhold at a rate of 5.0%.

**State Withholding Election (Choose one):** Resident State \_\_\_\_\_ State specific forms may be required.

- I elect not to have State Income Tax withheld.
- I elect State withholding from this nonperiodic distribution at the rate of \_\_\_\_\_% or amount of \$ \_\_\_\_\_.

♦ **DISCLOSURES AND SIGNATURES**

NOTE: For purpose of this disbursement request, the value of the contract will be determined on the day the transaction is processed. If all required information is not provided, this disbursement request will be returned to you for completion.

Any person who knowingly and with intent to defraud any insurer or other person files a statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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I certify that I am the proper party to receive payment(s) from this Annuity and that all information provided by me is true and accurate. Vantis Life is required to report all disbursements to the Internal Revenue Service. I have also been advised to consult with a tax professional regarding any possible tax consequences resulting from this transaction. I further certify that no tax advice has been given to me by the Issuer.

All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Issuer shall in no way be held responsible. If I elected Direct Deposit of my distribution, I authorize Vantis Life to initiate credit entries, and if necessary, adjustments for any credit entries made in error to my account as indicated above. The privilege of receiving deposits under this plan may be revoked by the Company if any deposit can not be made into the specified account. I understand that Vantis Life is relying on the information that I have provided on this form, and I further understand that Vantis Life will not be liable for any losses or charges due to incorrect, outdated, or incomplete information that has been provided on this form.

X \_\_\_\_\_

Signature of Owner

X \_\_\_\_\_

Signature of Joint Owner (if applicable)

\_\_\_\_\_

Date

X \_\_\_\_\_

Signature of Other Authorized Individual\*

- \*As:  Power of Attorney \*\*     Conservator\*\*  
 Assignee                                     Irrevocable Beneficiary

\*\*Certified Copy of Appointment and Photo I.D. are required.

NAME OF AGENCY/BANK _____	INTERNAL USE ONLY	PRODUCER # _____	BRANCH # _____
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