



ANNUITY WITHDRAWAL FORM

Contract Owner: _____

Contract # _____ Social Security Number: _____ - _____ - _____

Phone Number: _____ E-mail: _____

Mailing Address: _____

A. TYPE OF WITHDRAWAL (Options for Withdrawal from a Non-Qualified Annuity are 1, 2, & 3 Only)

- ☐ 1. Partial funds withdrawal in the amount of \$ _____ (not related to Required Minimum Distribution)
- ☐ 2. Full withdrawal and surrender of the above contract number (spouse's signature, IRS W9 and original contract or Lost Contract Affidavit required)
- ☐ 3. Periodic installment payments in the amount of \$ _____
- ☐ Annually on _____ Month _____ Day
- ☐ Monthly on the _____ day of each month
- ☐ 4. Full Required Minimum Distribution (RMD) for the tax year _____
- ☐ 5. Partial RMD in the amount of \$ _____ for the tax year _____
- ☐ 6. Full RMD for the tax year _____ PLUS an additional withdrawal of \$ _____

B. TAX WITHHOLDING

- ☐ I wish to have _____ % of the above withdrawal withheld for tax purposes, which will be reported in box 4 of Form 1099-R for tax year _____.
- ☐ I do not wish for tax to be withheld from the above withdrawal.

C. AGREEMENT & ATTESTATION

I authorize American Farm Life (herein called "the Company") to distribute funds from the above contract based on the terms provided on this form. I understand that it is my responsibility to consult with my personal tax advisor regarding this withdrawal and the Company will not be held liable for any tax consequences I may incur as a result of this withdrawal. I certify that the Social Security Number provided above is correct and I am not subject to IRS backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholding; or (c) I have been notified by the IRS that I am no longer subject to backup withholding.

Signature of Contract Owner

Date

Signature of Contract Owner's Spouse (Full Withdrawal and Surrender only)

Date

*** FOR HOME OFFICE USE ONLY ***

1099-R Distribution Code: _____ Initials of CS Representative: _____ Date: _____

P.O. Box 1486 • Fort Worth, TX 76101-1486 • 6001 Bridge Street • Fort Worth, TX 76112

817-451-9550 • 800-772-7557 • Fax 817-446-5181

www.americanfarmlife.com

Rev: 01-2024