



GUARANTY

Income Life Insurance Company

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Fax 225.343.0047

ANNUITY PARTIAL WITHDRAWAL REQUEST

Request Periodic Withdrawals by completing Sections 1, 3 & 4.

Request a One-Time Partial Withdrawal by completing Sections 2, 3 & 4.

Annuity Number	Annuitant	Owner

1. Periodic Withdrawals <i>(Sections 3 & 4 must also be completed.)</i>	<p>I wish to begin receiving periodic withdrawals from my annuity.</p> <p style="text-align: center;"> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually </p> <hr/> <p style="text-align: center;"> <input type="checkbox"/> Interest Only or Specific amount of \$ _____ </p>
2. One-Time Partial Withdrawal <i>(Sections 3 & 4 must also be completed.)</i>	<p>I request a one-time gross or net partial withdrawal of \$ _____.</p> <p>I understand that an early withdrawal penalty will apply if this withdrawal is more than the penalty-free amount allowed by my policy.</p>
3. Election for Withholding	<p>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 withdrawal. You also may be subject to a 10% "Premature Distribution Penalty" if you are not yet 59½ and other tax penalties under the estimated tax payment rules if your payment of estimated tax and withholding, if any, are not adequate. Your election will remain in effect until you revoke it. You may revoke your election at any time by sending a completed, signed and dated revocation to this office.</p> <p>I <u>DO</u> or <u>DO NOT</u> want to have Federal Income Tax withheld from my withdrawal.</p>
4. Electronic Funds Transfer	<p>Please deposit my withdrawal(s) by Electronic Funds Transfer into my</p> <p>Checking account no. _____ PLEASE ATTACH VOIDED CHECK.</p> <p>Savings account no. _____ PLEASE ATTACH DEPOSIT SLIP.</p> <p>With _____</p> <p style="text-align: center; font-size: small;">Name of Financial Institution</p>

SIGN BELOW FOR ABOVE REQUEST

Dated at _____ this _____ day of _____, _____
City/State

Signature of Owner

Social Security No. _____ - _____ - _____