

**ANNUITY WITHDRAWAL REQUEST FORM**

*Keystone Equity Indexed Annuity policyholders, please refer to specific information below.*

Policy Number \_\_\_\_\_ Annuitant \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**WITHDRAWALS:** I, the undersigned Owner(s), request a withdrawal under the provisions of the above referenced contract. I understand the contract provisions regarding early withdrawal charges.

\_\_\_\_\_ **Partial Withdrawal** to net (check amount) \$ \_\_\_\_\_, or all but \$ \_\_\_\_\_ of the Accumulation Value.

**Keystone Equity Indexed Annuity policyholders:** Indicate the order in which to deplete strategies. If you do not indicate a specific order, we will deduct the withdrawal from the Fixed Interest Strategy first, followed in order by the Indexed Interest Strategy with the highest value to the lowest value until your request is satisfied.

**Order of Depletion:** (eg. 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>) Fixed Interest \_\_\_\_\_ Point to Point-Capped \_\_\_\_\_ Point to Point-Participation Rate \_\_\_\_\_  
Monthly Average-Capped \_\_\_\_\_ Monthly Average-Participation Rate \_\_\_\_\_

\_\_\_\_\_ **Complete Cash Surrender.** Attach Page 3 of policy. If policy has been lost or destroyed, please check here. \_\_\_\_\_

\_\_\_\_\_ **Systematic Withdrawal** of \$ \_\_\_\_\_ or accumulated interest payable.

\_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Semi-Annual \_\_\_\_\_ Annual

**If you are electing either a Partial Withdrawal or Systematic Withdrawals, the following should be noted:**

1. Your annuity interest rate is credited on a daily basis to provide an annual yield.  
If you choose to withdraw your accumulated interest on a systematic basis, the effect of compounding will be lost.
2. Minimum systematic withdrawal payment is \$50.00.
3. **Keystone Equity Indexed Annuity policyholders**
  - A. *Systematic Withdrawals can **only** be made from the Fixed Interest Strategy.*
  - B. *Amounts withdrawn from an Indexed Strategy **during** a contract year will not receive any indexed interest for that year.*

Special Instructions: \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of Owner & Social Security Number

\_\_\_\_\_  
Signature of Joint Owner (if any) & Social Security Number

\_\_\_\_\_  
Signature of Spouse of Owner (if Community Property)

\_\_\_\_\_  
Signature of Spouse (if Community Property)

Owner(s) signature(s) must be notarized or guaranteed by two adult witnesses:

\_\_\_\_\_  
Witness (or Notary)

\_\_\_\_\_  
Witness

**WITHHOLDING:** Please indicate whether or not you want taxes to be withheld. If you do not indicate a preference, we are required to withhold at least 10% of the taxable amount.

\_\_\_\_\_ **I do not want Federal Income Tax withheld.**

\_\_\_\_\_ **I do want to have \_\_\_\_\_% Federal Income Tax withheld** (10% minimum) Note: Some states require withholding of state income tax.

**X** \_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

You and the Internal Revenue Service will be provided with an informational tax form after the close of the calendar year. A withdrawal of any type may subject you to an IRS Penalty Tax.