



Withdrawal

for variable annuities

- You should talk with your financial and tax advisors and read your prospectus carefully to understand how this withdrawal will affect your contract
 values and living benefits.
- Taking withdrawals (including withdrawals to pay advisory fees) can reduce or eliminate your living benefits.
- Withdrawals in excess of the guaranteed withdrawal amount, called "excess withdrawals," will result in a permanent reduction in future guaranteed withdrawal amounts. If you would like to make an excess withdrawal and are uncertain how an excess withdrawal will reduce your future guaranteed withdrawal amounts, then you may contact us prior to requesting the withdrawal to obtain a personalized, transaction specific calculation showing the effect of the excess withdrawal.
- If you are already taking withdrawals under the Substantially Equal Periodic Payments (SEPP) program, any additional withdrawals will cancel your SEPP program.

For questions or help with this form, call us at **877-253-2323**. Throughout this form, "the Company" refers to the issuing company.¹

1 CONTRACT INFORMATION (please print clearly)						
CONTRACT NUMBER						
OWNER		SSN/TIN				
CO-OWNER (IF APPLICABLE)		SSN/TIN				
Check here if your address has changed. We will update your address, and we require a signature guarantee to process this withdrawal. See section 7.						
ADDRESS						
ADDRESS						
CITY	STATE		ZIP CODE			
In case we need to contact you about this request DAYTIME PHONE						
2 SECURED RETURNS OPTION						
Complete this section ONLY if you have an annuity with a Secured Returns living benefit. Otherw	vise go to sect	ion 3.				
If your annuity has a Secured Returns living benefit, you can switch to the Guaranteed Minimum Withdrawal Benefit (GMWB) plan before we process your withdrawal request by checking the box below. No additional paperwork will be required for the change.						
Please change my Secured Returns living benefit from the Guaranteed Minimum Accumulation Benefit (GMAB) plan to the Guaranteed Minimum Withdrawal Benefit (GMWB) plan.						



Delaware Life Insurance Company is authorized to transact business in all states except New York, as well as in the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Delaware Life Insurance Company of New York is authorized to transact business in New York and Rhode Island. Both companies are members of the Delaware Life group of companies. Each company is responsible for its own financial condition and contractual obligations.

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WITHDRAWAL AMOUNT (select one)			
Full withdrawal — this will close the contract and end all of your benefits. Go to section 5.			
Partial withdrawal amount \$			
(Optional) Please send me the exact withdrawal amount shown. I understand that any additional fees, adjustments, tax withholding amounts and/or delivery costs that result from this withdrawal will be charged separately to my contract.			
Maximum guaranteed annual/lifetime income amount available with your living benefit. This excludes the stored inc	ome balance, if it applies.		
Free amount			
This is the maximum amount you can withdraw without a withdrawal charge.Taking the free amount may reduce your living benefits.			
Entire stored income balance (if it applies to your living benefit)			
One-time access withdrawal amount (if it applies to your living benefit) \$			
(Optional) Please send me the exact withdrawal amount shown. I understand that any additional fees and adjuting withdrawal will be charged separately to my contract. If I choose to have taxes withheld (section 5) transfer (section 6), those amounts will be deducted from the amount I have indicated.			
• If you have already taken your one-time access withdrawal or if it is not available with your living benefit rider, we withdrawal request. Please talk with your financial advisor and review your prospectus for more detail.			
Choosing the one-time access withdrawal option proportionally reduces the guaranteed amount of your living benefits the content of the c	efit.		
WITHDRAWAL ALLOCATION			
Proportionally from all existing allocations			
Proportionally from variable subaccounts only			
From the following subaccounts or fixed accounts at the percentage(s) shown below:			
Subaccount/fixed account name	% (whole number)		
Total (must = 100%)			
f you do not make a selection, we will take withdrawals proportionally from all existing investment allocations.			
f you are invested in an asset allocation model, we will take the withdrawal proportionally from all existing investment	t allocations.		

- If you are invested in Build Your Own Portfolio and have a living benefit, we will take the withdrawal proportionally from all existing investment allocations.
- In the list above, if you include percentages with decimals, we will round them to the nearest whole number.

The tax withholding options that you select will remain in effect until revoked in writing. Federal and/or state	e taxes may apply.
Federal income tax withholding	
Would you like federal income tax withheld from your withdrawal?	
Yes, withhold% of the taxable amount.	
 If you do not indicate a value, and we do not have a previous tax withholding election on file, we wi amount for federal income taxes. 	II automatically withhold the required
No, do not withhold federal income tax.	
 If you choose "no" withholding or if you do not have enough tax withheld from your withdrawal, you 	ı may have to pay estimated taxes.
 If your withholding and estimated tax payments are not sufficient, you also may incur penalties under 	er the estimated tax rules.
State income tax withholding	
Would you like state income tax withheld from your withdrawal?	
Yes, withhold state income tax from my withdrawal in the amount of \$ or	%.
No, do not withhold state income tax.	
 For some states, income tax withholding is required when federal income taxes have been withheld above election does not meet your states required amount we will automatically adjust your withho 	
 Please consult a tax adviser about your state's withholding requirements prior to submitting your withdom 	Irawal request as requirements vary by state.
6 DELIVERY INSTRUCTIONS (optional)	
We will mail your check by first class mail to the address we have on file, unless you give us other instruction	one holow
	ons below.
Overnight delivery	
Please give us a street address (in section 1) and express carrier account number to bill for this service send your check by first class mail to the address we have on file.	. If we do not have this information, we will
EXPRESS CARRIER NAME	
EXPRESS CARRIER ACCOUNT NUMBER	
Wire transfer	
If you choose this payment method:	
 We will deduct a \$25 fee from your withdrawal for this service. (Your bank may charge an additional 	I fee.)
 We require a signature guarantee. See section 7. 	
We will only send a wire payment to a bank in the United States or Puerto Rico.	
BANK NAME	NINE-DIGIT ROUTING NUMBER
ACCOUNT NAME	ACCOUNT NUMBER
FURTHER CREDIT ACCOUNT NAME	FURTHER CREDIT ACCOUNT NUMBER
If your bank returns or rejects the wire transfer, we will send your check by first class mail to the address we	have on file.
Send a check for the withdrawal amount to a different address, payee, or both.	
 If you want your check made payable to another person, mailed to a different address, or both, we r 	equire a signature guarantee. See section 7.
MAKE CHECK PAYABLE TO THIS PAYEE	<u> </u>
MAILING ADDRESS	
THE SERVICE CONTROL	
CITY STATE	ZIP CODE

TAX WITHHOLDING

SIGNATURE(S)

All owners must sign this form.

If you are signing this form as a fiduciary (power of attorney, trustee, guardian, custodian, etc.) for the contract owner, please include your fiduciary relationship. We will need your authorizing documents to process this withdrawal request. If we do not have them on file, please attach them to this form.

We require an original signature guarantee stamp (no faxes) with each signature if any one of the following situations applies:

- The contract owner's address has changed within 30 days of us receiving this request.
- The check is being mailed to an address other than the address we have on file for the contract owner.
- The check will be payable to someone other than the contract owner.
- You have asked us to wire the withdrawal amount to a bank account.
- You are withdrawing \$250,000 or more.
- The contract is owned by multiple owners and the check will be made payable to only one owner.

We will not accept a notary stamp.

You can get a signature guarantee stamp at an FDIC-insured bank; a member firm of the New York, American, Boston, Midwest, Philadelphia, or Pacific Stock Exchange; or any company that is a member of the Securities Transfer Agents Medallion Program (STAMP).

OWNER'S SIGNATURE	DATE (MM/DD/YYYY)	CO-OWNER'S SIGNATURE (IF APPLICABLE)	DATE (MM/DD/YYYY)
X	/ /	X	
PLEASE PRINT NAME BELOW		PLEASE PRINT NAME BELOW	
SIGNATURE GUARANTEE STAMP		SIGNATURE GUARANTEE STAMP	

CONTACT US

By mail Delaware Life P.O. Box 758581 Topeka, KS 66675-8581 By express mail Delaware Life Mail Zone 581 5801 SW 6th Avenue Topeka, KS 66636 **By fax** 785-286-6118

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By phone

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