

# GUARANTY

## INCOME LIFE INSURANCE COMPANY

### ANNUITY PARTIAL WITHDRAWAL REQUEST

Request Periodic Withdrawals by completing Sections 1, 3, 4 and 5.  
Request a One-Time Partial Withdrawal by completing Sections 2, 3, 4 and 5.

Annuity Number	Annuitant	Owner

<b>1. Periodic Withdrawals</b>  <i>(Sections 3 &amp; 4 must also be completed.)</i>	<p>I wish to begin receiving periodic withdrawals from my annuity.</p> <p> <input type="checkbox"/> Monthly    <input type="checkbox"/> Quarterly    <input type="checkbox"/> Semi-annually    <input type="checkbox"/> Annually         </p> <p>_____</p> <p> <input type="checkbox"/> Interest Only    or    <input type="checkbox"/> Specific amount of \$ _____         </p>
<b>2. One-Time Partial Withdrawal</b>  <i>(Sections 3 &amp; 4 must also be completed.)</i>	<p>I request a one-time <input type="checkbox"/> gross    or    <input type="checkbox"/> 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>
<b>3. Election for Withholding</b>	<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 <input type="checkbox"/> <b>DO</b>    or    <input type="checkbox"/> <b>DO NOT</b> want to have Federal Income Tax withheld from my withdrawal.</p> <p>I <input type="checkbox"/> <b>DO</b>    or    <input type="checkbox"/> <b>DO NOT</b> want to have State Income Tax withheld from my withdrawal.</p>
<b>4. Electronic Funds Transfer</b>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between;"> <div>NAME ADDRESS CITY, STATE, ZIP</div> <div>0123 01-23456789</div> </div> <div style="text-align: right; margin-top: 5px;">DATE _____</div> <div style="margin-top: 10px;">             PAY TO THE ORDER OF _____ \$ _____           </div> <div style="text-align: right; margin-top: 5px;">DOLLARS</div> <div style="margin-top: 10px;">BANK NAME ADDRESS CITY, STATE, ZIP</div> <div style="margin-top: 5px;">FOR _____</div> <div style="display: flex; justify-content: space-between; font-family: monospace; font-size: 0.8em;"> <span>⑆0123456789</span> <span>012345678901234</span> <span>0123</span> </div> <div style="display: flex; justify-content: space-between; font-size: 0.7em;"> <span>Routing Number</span> <span>Account Number</span> </div> </div> <div style="margin-top: 20px;"> <p><input type="checkbox"/> Checking Account No. _____</p> <p><input type="checkbox"/> Savings Account No. _____</p> </div> <div style="margin-top: 20px;"> <p>With _____</p> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>Name of Financial Institution</span> <span>Routing Number</span> </div> </div>

**For Direct Deposits**  
**Attach a voided Check with tape.**



**5. Authorization**

I hereby authorize Guaranty Income Life to initiate electronic payment entries and to initiate, if necessary, adjustments for any electronic entry in error to my (our) account and at the financial institution indicated above, hereinafter called DEPOSITORY, to credit and/or debit the same such account. This authority is to remain in force and effect until Guaranty Income Life has received written notification from me ( or either of us) of its termination in such time as to afford Guaranty Income Life and the DEPOSITORY a reasonable opportunity to act on it.

\_\_\_\_\_  
**Owner Signature**\_\_\_\_\_  
**Joint Owner Signature**

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
City/State Day Month

\_\_\_\_\_  
**Owner Signature**\_\_\_\_\_  
**Joint Owner Signature (if applicable)****Annuitant's Social Security No** \_\_\_\_\_

Spousal Consent for Community Property States: If the policy owner is a resident of AZ, CA, ID, LA, NM, NV, TX, WA or WI, spousal consent is required, unless the participant has no legal spouse.

\_\_\_\_\_  
**Spousal Signature (if applicable)**