



Withdrawal Request

For Annuity products issued after November 2013

- If you are already taking withdrawals under the Substantially Equal Periodic Payments (SEPP) program, any additional withdrawals will cancel your SEPP program and any previous withdrawals taken under the program may be subject to a 10% early withdrawal penalty.

For questions or help with this form, call us at **877-253-2323**.

Throughout this form, “the Company” refers to the issuing company.¹

Use this form to request a single withdrawal. To start the Retirement Chapters 10[®], Retirement Stages 7[®] and Assured Income 7[®] Lifetime Income Benefit, please complete the Lifetime Income Benefit form.

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 6.

Address

City

State

Zip Code

In case we need to contact you about this request

Daytime Phone



¹ Delaware Life Insurance Company (Waltham, MA) is authorized to transact business in all states (except New York), the District of Columbia, Puerto Rico and the U.S. Virgin Islands and is a member of Group1001.

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2 Withdrawal Amount (select one)

☐ Interest Only Withdrawal (available for Fixed Annuities only)

☐ A: Interest accrued since the previous contract anniversary.

☐ B: All interest accrued above the initial contribution.

☐ Full withdrawal – this will close the contract and end all of your benefits under the contract.

☐ Specific amount \$ _____

(Optional) ☐ Please send me the exact withdrawal amount shown above. I understand that any withdrawal charges, fees, adjustments, tax withholding amounts, and/or delivery costs that result from this withdrawal will be charged separately to my contract.

☐ Maximum available without a withdrawal charge.

Please refer to your contract or call us if you have any questions regarding your free amount, surrender charges, or applicable Market Value Adjustment.

3 Withdrawal Allocation (for Fixed Index annuities)

Select one option:

☐ Proportionally from all existing allocations

☐ From the following accounts at the dollar amounts or percentage(s) shown below:

Account	\$ or % (whole number)
Total	(Percentages must total 100%)

- If you do not make a selection, we will take withdrawals 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.

4 Tax Withholding

The tax withholding options that you select will remain in effect until revoked in writing. Federal and/or state 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 will automatically withhold the required amount for federal income taxes.
- ☐ No, do not withhold federal income tax. (If selected, no state taxes will be withheld.)
- If you choose “no” withholding or if you do not have enough tax withheld from your withdrawal, you may have to pay estimated taxes.
 - If your withholding and estimated tax payments are not sufficient, you also may incur penalties under the estimated tax rules.
 - If you are taking a full withdrawal, you may need to pay a state premium tax as well, depending on your resident state.

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.
- In some states, state income tax withholding is mandatory when federal income taxes have been withheld. If you elect a specific state withholding amount or percentage we will process according to your instructions. Please consult with your tax advisor to ensure that the amount you have requested is sufficient to satisfy your state’s requirements.
 - If you do not otherwise make an election, and you live in a mandatory state that employs a percentage calculation, we will default to your state’s default withholding percentage rate.
 - If you live in a mandatory state that uses a wage table calculation, we will default to “single with one dependent.”
 - You may contact us at any time to change your tax withholding election.

5 Delivery Instructions (optional)

We will mail your check by first class mail to the address we have on file, **unless** you choose one of the options below.

☐ Overnight delivery

- Please give us a street address in section 1. We cannot deliver overnight to a P.O. Box. If we do not have this information, we will send your check by first class mail to the address we have on file.
- We will deduct a \$15 fee from your contract for overnight delivery.

☐ Wire transfer

If you choose this payment method:

- We will deduct a \$25 fee from your contract for this service. (Your bank may charge an additional fee.)
- We require a **signature guarantee**. See section 6.
- 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 require a **signature guarantee**. See section 6.
- A notarized Agent Check Acceptance Form is required to send funds to an agent's office. Please call Customer Service for details.
- A check can never be made payable to the agent of record.

Make Check Payable to this Payee		
Mailing Address		
City	State	Zip Code

6 Signature

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 sign in your fiduciary capacity. 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.

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).

- ***The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.***

Owner's Signature

X

Date (mm/dd/yyyy)

Please Print Name Below

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

Online

delawarelife.com

By phone

Customer Service **877-253-2323** M-F 7:30 a.m.-5:00 p.m., CT