



Systematic Withdrawal Request

Please remember:

- **Your selected start date must occur after your first contract anniversary.**
- We recommend you talk with your financial and tax advisors and read your contract carefully to understand how these withdrawals will affect your contract values.
- You cannot have more than one automatic distribution program active on your account at one time. If you currently have an automatic distribution program set up on your account, we will use the information in this form to update the existing program.
- This form cannot be used to set up Substantially Equal Periodic Payments (SEPP). Please use a SEPP Enrollment form.

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

City

State

Zip Code

In case we need to contact you about this request

Daytime Phone

2 Payment Frequency

Select one: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Start date (mm/dd/yyyy): _____ Please select any day between the 1st and the 28th.

Please note that:

- If your scheduled payment date falls on a weekend, on a holiday, or on the first or last day of the month, we will process the withdrawal on the next business day.



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 Payment Frequency (continued)

- If you do not include a start date, we will begin your payments one payment period after the date we receive this form in good order.
- If the start date you request has passed by the time we receive this form, we will send your payment as of the day we receive the form in good order. We will schedule all future payments to be consistent with your requested start date.
- If you wish your payments to be automatically deposited in your bank account, please see the special instructions in Section 6.

3 Payment Amount

- ☐ **Percentage** _____% Please use whole percentages.
- A percentage of the contract value (must yield at least \$100/payment) distributed in equal amounts according to the payment frequency selected in section 2.
 - The payment amount will be recalculated each contract year using the percentage listed here.
 - Please refer to your contract or call us if you have any questions regarding your free amount, surrender charges, or applicable Market Value Adjustment.
- ☐ **Specific amount** \$ _____
- (Optional) ☐ Please send me the exact withdrawal amount shown at left. I understand that any withdrawal charges, fees, adjustments and/or tax withholding amounts that result from this withdrawal will be charged separately to my contract. Please note that if a withdrawal reduces your account value to less than any minimum contract value required under the contract, we will treat that withdrawal as a full surrender.
- ☐ **Interest earned (available for Pinnacle MYGA and Summit 5 only)**
- The payment amount will equal the interest credited to your contract between the payment frequencies.
 - The payment amount will vary based on the number of days in the payment period.
 - Cannot begin prior to first anniversary.
 - Initial payment will equal all interest accrued since prior anniversary.

4 Withdrawal Allocation (for Fixed Indexed Products only)

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.

5 Tax Withholding

The tax withholding options that you select will remain in effect until revoked in writing. Federal and/or state income taxes may apply.

Federal Income Tax Withholding

Would you like federal income tax withheld from your withdrawal?

- ☐ Yes, withhold \$_____ or _____% 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.

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.

6 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.

- ☐ **Direct Deposit to a bank account**
- If you choose this option, you must complete the **Direct Deposit Form**. If you do not submit the Direct Deposit form, we will send your payments via check to the owner at the address we have on file.
 - If you choose this option, a validation period is required to establish this service. If your start date is within this period your first payment will be sent by check to your address on record. Subsequent payments will be deposited directly to your bank as instructed.
- ☐ **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 7.
 - 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

7 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 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.
- The Contract is jointly owned and the check will be made payable to a single Joint Owner.
- 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) | Co-Owner's Signature (if applicable) X | Date (mm/dd/yyyy) |
| Please Print Name Below | | Please Print Name Below | |
| Signature Guarantee Stamp | | Signature Guarantee Stamp | |

Contact Us

By mail

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