

Withdrawal

For variable annuities

Please remember:

- 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	S	SN/TIN				
Co-Owner (if applicable)	S	SN/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		Paytime 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. Delaware Life Insurance Company of New York is authorized to transact business in New York and Rhode Island. Both companies are members of Group1001. Each company is responsible for its own financial condition and contractual obligations.

^{© 2019} Delaware Life Insurance Company. All rights reserved.

2	Secured Returns Option
Cor	nplete this section ONLY if you have an annuity with a Secured Returns living benefit. Otherwise go to section 3.
plar plar	our annuity has a Secured Returns living benefit, you can switch to the Guaranteed Minimum Withdrawal Benefit (GMWB) a before we process your withdrawal request by checking the box below. No additional paperwork will be required for change.
	Please change my Secured Returns living benefit from the Guaranteed Minimum Accumulation Benefit (GMAB) plan to the Guaranteed Minimum Withdrawal Benefit (GMWB) plan.
3	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 income 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 adjustments that result from this withdrawal will be charged separately to my contract. If I choose to have taxes withheld (section 5) or to pay the \$25 fee for a wire 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 cannot process your 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 benefit.

4 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%)			
 If you do not make a selection, we will take withdrawals proportionally from all existing investment allocations. If you are invested in an asset allocation model, we will take the withdrawal proportionally from all existing 			
 investment allocations. If you are invested in Build Your Own Portfolio and have a living benefit, we will take the withdrawa all existing investment allocations. 	al proportionally from		
In the list above, if you include percentages with decimals, we will round them to the nearest whole	e number.		
5 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, withhold the required amount for federal income taxes. 	we will automatically		
No, do not withhold federal income tax.			
 If you choose "no" withholding or if you do not have enough tax withheld from your withdraw estimated taxes. 	al, you may have to pay		
 If your withholding and estimated tax payments are not sufficient, you also may incur penaltic tax rules. 	es under the estimated		
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 \$o	r%.		
No, do not withhold state income tax.			
 In some states, state income tax withholding is mandatory when federal income taxes have b a specific state withholding amount or percentage we will process according to your instruct your tax advisor to ensure that the amount you have requested is sufficient to satisfy your sta 	tions. Please consult with		
 If you do not otherwise make an election, and you live in a mandatory state that employs a we will default to your state's default withholding percentage rate. 	percentage calculation,		
 If you live in a mandatory state that uses a wage table calculation, we will default to "single You may contact us at any time to change your tax withholding election. 	with one dependent."		

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 o	ptions below.
Overnight delivery		
Please give us a street address (in section 1) and express carrier account nu carrier account number is provided, we will deduct a \$15 fee from your co		
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 ba 	nk may charge an additio	nal fee)
 We require a signature guarantee. See section 7. 	Tik may charge an additio	narree./
We will only send a wire payment to a bank in the United States or Puerly	to Rico.	
Bank Name	Nine-Digit Routing	g Number
Account Name	Account Number	
Further Credit Account Name	Further Credit Acc	count 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 b	ooth.	
 If you want your check made payable to another person, mailed to a dif guarantee. See section 7. 	ferent address, or both, w	ve require a signature
 A notarized Agent Check Acceptance Form is required to send funds to Service for details. 	o an agent's office. Please	call Customer
 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 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).

• 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	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

Online delawarelife.com

By phone

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