

RIDER BENEFIT ELECTION FORM

***** PLEASE INDICATE RIDER BENEFIT REQUESTED

Note: Not all riders are available on all plan types, nor in all states. The issue age of the owner is also a consideration. Riders do not apply within first contract/certificate year. Please review your individual contract/certificate for the specific riders available to you.

☐ **Nursing Home Rider*** (Issue age of original contract/certificate cannot exceed 75)

☐ **Terminal Illness Rider*** (Issue age of original contract/certificate cannot exceed 75)

☐ **Unemployment Rider*** (Issue age of original contract/certificate cannot exceed 65)

Policy Number: _____

Owner: _____

In accordance with the rider provisions of my annuity, I wish to exercise the rider listed above. I would like to withdraw the following:

☐ Maximum amount available without annuity penalty.

☐ Net check amount: _____.

* Further documentation will be required under separate cover.

e.g. If exercising the Nursing Home Rider, documentation signed by the nursing home attesting to a 90-day consecutive stay is required. If exercising the Terminal Illness Rider, documentation from a qualified medical practitioner stating present medical condition and prognosis is required. If exercising the Unemployment Rider, proof of unemployment benefits being received for 90 days or more is required. For clarification, call 877-586-0244.

Election of Withholding and Request for Taxpayer Identification Number and Certification

You must indicate if Federal/State income tax should be withheld from your payment by signing and dating this election form and returning it to our office.

Even if you elect not to have Federal/State income tax withheld, you are liable for Federal/State income tax on the taxable portion of your benefits. You also may be subject to tax penalties under the Estimated Tax Payment rules if your payment of estimated tax and withholding, if any, is not adequate.

Social Security Number _____/_____/_____

If you have any questions about your tax liability, please contact your tax advisor.

☐ I do not want Federal/State income tax withheld from my payment.

☐ I do want Federal/State income tax withheld from my payment.

Certification - Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Owner's Signature _____

Joint Owner's Signature _____

Date _____



Annuities at their Best

4350 Westown Parkway | West Des Moines, IA 50266

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