

SURRENDER – PARTIAL – ONGOING

Section A: Policy Information

Policy Number: _____ Annuitant: _____

Owner: _____ Joint Owner: _____

Married Single Widowed

Married Single Widowed

Divorced – Specify Date: _____ State: _____ Divorced – Specify Date: _____ State: _____

Section B: Withdrawal Options

A selection below is considered a **Partial Withdrawal or Periodic Payment** of the Accumulated Value. Surrender charges may apply.

In accordance with the terms of the Annuity Contract, I hereby elect to withdraw: (Choose Only One Option Below)

Specified Amount: \$ _____ of my Accumulated Value. Initial Distribution Date:*** _____

Distribution Frequency: (Check one) Monthly Quarterly* Semiannually** Annually

Percentage: _____ % of my Accumulated Value. Initial Distribution Date:*** _____

Distribution Frequency: (Check one) Monthly Quarterly* Semiannually** Annually

Interest Only. Initial Distribution Date:*** _____

Distribution Frequency: (Check one) Monthly Quarterly* Semiannually** Annually

Required Minimum Distribution (RMD). (Request deadline is Dec. 15) Initial Distribution Date:*** _____

Prior Year End Account Value (as of 12/31): _____

Distribution Frequency: (Check one) Monthly Quarterly* Semiannually** Annually

* Quarterly frequency must be chosen prior to 3/31. **Semiannual frequency must be chosen prior to 6/30.

***If your specified distribution date falls on a weekend or holiday, your withdrawal will be processed on the next business day.

Section C: Check/Deposit Options

Please Select one:

Paper check. A check will be mailed to the address on file. **For amounts exceeding \$10,000, excluding internal transfers, a paper check will be sent.**

Direct Deposit (ACH) **This option is only available for amounts less than \$10,000.**
Please allow 3-5 business days from the processing date to receive the funds in your bank account. Note: Payments made via EFT/ACH to a party other than the owner are not permitted.

Checking - Please provide a copy of a voided check. Savings - Please provide documentation from your financial institution which includes the routing and account number.

Bank Name _____ Bank Account Number _____

ABA routing number (To ensure accuracy, verify with your bank.) _____

Name of depositor on bank records (First Name, MI, Last Name) _____

Section D: NOTICE OF WITHHOLDING OF WITHDRAWAL FROM TAX DEFERRED ANNUITIES

The partial surrender distribution you receive from Puritan Life Insurance Company of America may be subject to Federal Income Tax Withholding. Withholding will only apply to the portion of your partial surrender distribution that can be includible as income and subject to Federal Income Tax.

You may be subject to penalties under the estimated tax payment rules if you elect not to have tax withheld and payments of estimated tax and other withholdings are not adequate to satisfy tax liability.

I elect:

- Not to have Federal income taxes withheld.
- To have 10% Federal income taxes withheld on the taxable portion of my distribution.
- To have more than 10% Federal income taxes withheld on the taxable portion of my distribution, as indicated below
Other amount _____%
- To have \$_____ withheld on the taxable portion of my distribution.

State Tax Withholding Depending on the laws in your state, state income tax withholding may be required. Please consult your tax expert for state withholding requirements.

I elect:

- Not to have State income taxes withheld. *
- To have _____% withheld on the taxable portion of my distribution.
- To have \$_____ withheld on the taxable portion of my distribution.

*If you live in IA, KS, MA, ME, NE, OK or VA and you have federal income tax withheld, you must complete your state’s withholding election.

We cannot withhold state income tax in AK, FL, NH, NV, SD, TN, TX, WA, & WY

Section E: SPOUSAL CONSENT (If residing in a Community Property State – AZ, CA, GU, ID, LA, NV, NM, TX, WA, or WI)

ATTENTION: State law requires Spousal Consent if this contract was acquired while you were married and while you lived in a community property state. Certify one of the following:

- I, the Owner, certify that this contract was NOT acquired while married and while living in a community property state. (skip to section F.)
- (if jointly owned) I, the Joint Owner, certify that this contract was NOT acquired while married and while living in a community property state. (skip to section F.)
- I, the Owner or Joint Owner, meet the criteria above of community property. (Your spouse/former spouse must sign below)

Signature of <input type="checkbox"/> Owner’s Spouse or <input type="checkbox"/> Former Spouse	Printed Name	Date
Signed at: (City, County, State): _____		

Signature of <input type="checkbox"/> Joint Owner’s Spouse or <input type="checkbox"/> Former Spouse	Printed Name	Date
Signed at: (City, County, State): _____		

Section F: Signatures

You are making a **Partial Withdrawal or Periodic Payment** of the Accumulated Value and you waive all benefits under the Annuity Contract applicable to the amount withdrawn. If you have taken previous withdrawals, including RMD withdrawals, during the year this may mean you exceed your penalty-free withdrawal percentage for the year and you may be subject to a surrender charge.

I have carefully read the request and agree that it is properly and fully completed. I understand that this request is subject to the provisions and conditions of the policy and that the Company may require additional information or requirements.

I certify that the policy is not pledged or assigned to any other person or corporation, and that no proceedings of bankruptcy or insolvency have been filed and are now pending against the undersigned.

For CA Residents:

CALIFORNIA FRAUD NOTICE

For your protection, California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Owner Signature*

Printed Name/Title**

Date Signed

Other Signature*

Printed Name/Title**

Date Signed

Owner Address

Owner Social Security No. (Required)

Phone No.

Joint Owner Address (if applicable)

Joint Owner Social Security No.

Phone No.

* The signature of all owners is required. Joint Owners sign on 'Other Signature' line and indicate 'Joint Owner' as the title.

**Power of Attorney (POA) signatures must be signed as 'Principal name by POA name, POA (or AIF)'.

**If signing on behalf of a corporation, an officer must sign (including title) and include a corporate board of resolution.

**If signing on behalf of a trust, all current trustees must sign and include title "Trustee".

Completed forms can be emailed or faxed to:

Email: info@puritanlife.com

Fax: 336-419-0097