

ANNUITIZATION REQUEST

Use this form to convert your deferred annuity to irrevocable payments

Section A: Owner Information

Policy Number: _____ Owner Name: _____

Married Single Widowed Divorced – Please specify Date: _____ State: _____

Phone Number: _____ Date of Birth: _____ Social Security Number: _____

Address (City, State, Zip): _____

Section B: Payee – Specify who will receive payments

Owner as shown in your policy Joint Owner as shown in your policy, if applicable

Annuitant as shown in your policy Joint Annuitant as shown in your policy, if applicable

Name: _____

Address (City, State, Zip): _____

Section C: Payment Method –

Paper Check *Payment will be mailed to owner's address of record, unless a new address is provided.*

If New Address, check here

Street Address: _____

City

State

Zip

ACH/EFT/
E-Check *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.*

Bank Name _____

Bank account number _____

ABA routing number _____

(To ensure accuracy, verify with your bank.)

Checking - Please provide a copy of a voided check.

Savings - Please provide documentation from your financial institution which includes the routing and account number.

Name of depositor on bank records _____

(First Name, MI, Last Name)

Section D: Base Contract Annuitization

Complete this section to annuitize Under the base contract. Select **only one** payment option. Surrender charges may apply.

Fixed Payout Options (select one option and period, if applicable)

- Option 1: Life Income Only We will pay equal monthly payments for the Annuitant's remaining lifetime. Payments end with the payment due just before the Annuitant's death. There is no death benefit under this option. The applicable factor is determined by the Annuitant's Age and sex at the time annuity payments begin. If there is a Joint-Annuitant, the payments will be calculated based off the older of the owner or Joint-Owner.
- Option 2: Life Income With Guaranteed Period Certain 5 year period 10 year period 15 year period 20 year period Other period _____ We will pay equal monthly payments for the longer of the Annuitant's remaining lifetime or the period certain. If the Annuitant dies after all payments have been made for the period certain, payments shall end with the payment due just before the Annuitant's death.
- Option 3: Certain Period Only 5 year period 10 year period 15 year period 20 year period Other period _____ We will pay equal monthly payments for a period certain of up to 30 years.
- Option 4: Other Payment Payment Option: _____

Frequency:

- Monthly Quarterly Semi-Annual Annual

Note: If your monthly payment is less than \$100 per month, we may reduce your payment frequency to a frequency that would result in each payment being at least \$100.

Effective Date:

Please make my request for income payments effective as of:

- Annuity Commencement Date Date of receipt of this form in good order

If no election is indicated, your request will be effective as of the Annuity Commencement Date.

Section E: Income Tax Withholding

The withdrawal you receive from Puritan Life Insurance Company of America may be subject to Federal & State Income Tax Withholding. 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.

Federal Withholding - I elect:

- Not to have Federal income taxes withheld. *
- To have _____% withheld (from each payment) on the taxable portion of my distribution.
- To have \$_____ withheld (from each payment) on the taxable portion of my distribution.

*If you live in AR, GA or NC, you must complete the federal income tax withholding.

State Withholding - I elect:

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

**If you live in IA, KS, MA, ME, MI, NC, NE, or VT and you have federal income tax withheld, you must complete your state's withholding election.

***AZ withholding must be a percentage.

**** If you want state income tax withheld in AL, CO, CT, DC, DE, ID, IL, IN, KY, LA, MD, MI, MN, MO, MT, ND, NJ, NM, NY, OH, PA, RI, SC, UT, VA (IRAs & SEPs), WI and WV you must designate a state withholding amount.

We cannot withhold state income tax in AK, FL, HI, NH, MS, NV, SD, TN, TX, WA and WY.

Section F: Signatures

Your signature indicates you have read and understand all sections of this form. If you are a Trustee, Attorney-in-Fact, Guardian or other fiduciary, indicate the capacity you are acting in and attach relevant legal documentation.

By signing below, I certify that I have been advised to consult with a tax advisor regarding the transaction specified herein. I am responsible for any taxes or penalties resulting from withdrawals from my contract.

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 Date Signed
 Trustee Guardian Attorney-in-fact POA Title/office: _____

Joint Owner Signature* Printed Name Date Signed
 Trustee Guardian Attorney-in-fact POA Title/office: _____

Other Required Signature** Printed Name Date Signed
 Trustee Guardian Attorney-in-fact POA Title/office: _____

*Signature of Joint Owner (if any) is required, if not spouse of Owner.

Other required signatures may include: **spouse (if community property state), **irrevocable beneficiary** (must sign with title), and **collateral assignee** (if contract is collaterally assigned).

NOTARY SECTION:

State of: _____

County of: _____

Acknowledged before me this ____ day of _____, 20____, by _____

Such person is known to me or has produced _____ as identification.

Seal

Notary Signature: _____

Notary Printed Name: _____

Notary Public Commission No. _____

Serial Number, if any: _____

Signing Instructions

Attorney-in-Fact	The attorney-in-fact must indicate capacity as "Attorney-in-fact", provide a copy of the entire power of attorney document, if not previously submitted.
Corporation or LLC	One officer of the company or managing member of the LLC must sign, indicate title and provide either a corporate or board of director's resolution, a copy of the Articles of Incorporation or operating agreement (for LLC's). If the signing officer or managing member is also the annuitant, a second officer or member must also sign (e.g. Jane Doe, President).
Guardian	The guardian must indicate capacity and provide a copy of the current guardianship documents (e.g. John Doe, guardian).
Partnership	All partners must sign with title, or the general or managing partner must sign with title. If the general or managing partner is also the annuitant, another partner must also sign, (e.g. John Doe, Senior Partner).
Spouse	In community property states (AZ, CA, ID, LA, NV, NM, TX, WA, WI) failure to include a spouse's signature may delay processing at claims time.
Trust	The trustee(s) must sign and indicate title as "trustee", according to the terms of the Trust Agreement, and submit a completed Genworth Certification of trustee powers form (e.g. Jane Doe, Trustee).