



## PILLAR LIFE INSURANCE COMPANY

### WITHDRAWAL REQUEST

This form can be used to accomplish a FULL or a PARTIAL withdrawal from your Single Premium Deferred Annuity contract. It cannot be used for a 1035 exchange. If you are making your withdrawal in the form of an annuity with regular payments, then you must fill out the Annuitization/Income Option election form.

#### 1. Owner/Contract Information. Please print or type.

Annuity Contract Number:  
Primary Full Legal Name (or Trust Name if a Trust):  
Trustee Name:  
Daytime Telephone Number:

Joint Owner Full Legal Name:  
Daytime Telephone Number:

#### 2. Withdrawal Information

- Full  
 Partial \$ \_\_\_\_\_ or \_\_\_\_\_%

A. Total Surrender. You may surrender the Contract during the Annuitant's lifetime on or before the Maturity Date. To surrender the Contract you must provide written notice to us of your intent to surrender the Contract.

As of the date of the total surrender, the surrender benefit equals:

1. The Surrender Value; or
2. The Minimum Nonforfeiture Value;

whichever is greater.

B. Partial Surrender. You may request a partial surrender of the Contract during the Annuitant's lifetime on or before the Maturity Date. However, no payment may be less than \$500 and the remaining Accumulation Value may not be less than \$2,000. For a partial surrender, you must provide written notice to us of the amount you wish to surrender.

C. Surrender Charge. Surrender benefits paid under the Contract include a reduction by a surrender charge, as applicable. The amount of the surrender charge equals: (a) the amount to be surrendered; times (b) the surrender charge percentage that applies to the Contract Year in which the surrender occurs.

There will be no surrender charge for: (a) a surrender occurring after the end of the last Contract Year in which surrender charges apply; (b) Annuitization ; or (c) death benefits (see your policy for definition).

The amount you receive may be subject to other adjustments, either positive or negative, that depend on the riders applicable to your specific contract.

**3. Federal income tax status and withholding – To avoid default tax withholding complete this section**

The IRS requires us to withhold federal income tax at a rate of 10% from the taxable portion of your payments. You can elect not to have tax withheld. Even if you elect not to have income tax withheld from your payments, you are liable for payment of income tax on the taxable portion of your payments. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Additionally, a 10% federal tax penalty may apply to the taxable amount if the Owner is under age 59 ½. In addition to federal income tax withholding requirements, state income tax, if applicable, will be withheld. Choosing not to have either federal or state (if state tax is applicable) income taxes withheld may result in income tax liability when your taxes are filed. Consult your tax advisor for more information.

I elect the following

Federal:     Do not withhold  
               Withhold \_\_\_\_\_%

State:         Do not withhold  
               Withhold \_\_\_\_\_%

**4. Alternate payment instructions/EFT (Optional)**

A check will be sent to the address on record if Electronic Funds Transfer is not selected below.

- Electronic Funds Transfer (EFT) to a pre-authorized bank account already on file
- Check for the benefit of (FBO) the contract owner (*use this if you are sending funds directly to a bank or brokerage account*)

Alternate Payee Name (*Bank, Brokerage Firm, etc*):

Account Number (*if applicable*):

Mailing Address Line 1:

Mailing Address Line 2:

City:

State:

Zip Code:

**5. Signatures:**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, 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 (IRS) 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, and (If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)
3. I am a U.S. citizen or other U.S. person, and

4. I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States. (If you are not a U.S. Citizen or other U.S. person for tax purposes, please cross out the last two certifications and complete appropriate IRS documentation.)

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 or Trustee Signature) (Date - mm/dd/yyyy)

---

(Joint Owner Signature, if any) (Date – mm/dd/yyyy)

**6. Return Instructions**

Please return this form to

Pillar Life Insurance Company  
711 SW D Ave #100  
Lawton, OK 73501