



Withdrawal/Surrender Request Form

for fixed, fixed-indexed and registered index-linked annuities

Fixed and fixed-indexed annuities: PO Box 5420, Cincinnati OH 45201 / 800-854-3649 / 800-482-8126 Fax / Processing@mmascend.com
Registered index-linked annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 800-807-9777 Fax / RILAProcessing@mmascend.com
Overnight Address: 191 Rosa Parks Street, Cincinnati, OH 45202
Website: MassMutualAscend.com

To help ensure your request is processed timely and accurately, please print clearly and only in the spaces provided. Do not write outside of the boxes. If you need to provide additional information or special instructions, please attach a separate sheet of paper.

Contract Number

Contract Owner Information (or Annuitant/Participant for Group Contracts)

First Name

Middle Initial

Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

OR Business/Organization/Trust Owner

Social Security/Tax ID Number

Email

<input type="text"/>	<input type="text"/>
----------------------	----------------------

If you provided an email above or we have an email address on record, you will receive status updates. Email notifications will be sent from no-reply@mmascend.com. Please remove this address from your list of blocked senders.

New Address/Phone (if applicable) *Only complete if new information. We will update our records to reflect what is entered.*

Street

City

State

Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Home/Business Phone Number

Cell Phone Number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Joint Contract Owner Information (if applicable)

First Name

Middle Initial

Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Affiliate: Annuity Investors Life Insurance Company®

Administrator for Life Insurance and Annuities: Loyal American Life Insurance Company® Continental General Insurance Company®

Amount of Distribution (select only one)

All withdrawals will include the contract's penalty free amount, if available. The minimum partial withdrawal amount is \$500.00 net of contract charges. The maximum amount cannot reduce the surrender value below the policy minimum value as stated in the contract. The actual amount paid could be less than requested due to other limits imposed by the contract.

☐ Full surrender and termination of the annuity contract (if available, please return the annuity contract with this form)

☐ Partial withdrawal from the annuity contract (if selection is unclear, we will default to a net withdrawal):

☐ Gross withdrawal before all charges and taxes deducted \$

☐ Net withdrawal after all charges and taxes deducted \$

☐ Withdrawal for contract's free withdrawal amount (before taxes)

Distribution Type (select only one)

☐ Distribution to owner/annuitant/participant

☐ Distribution to brokerage account

Although funds are being directed to the Brokerage Account for your benefit, the distribution is a taxable and reportable event to the contract owner.

☐ Direct transfer, direct rollover or 1035 exchange

A Letter of Acceptance (LOA) from the new plan or provider is required. The LOA must be on company letterhead, signed and dated by a company authorized representative along with a current corporate resolution, and indicate the tax qualification and account number of the new account. For partial 1035 exchanges, please review the "Important Notice Concerning Partial Exchanges of Non-Qualified Annuity Contracts" form #X2664316NW for important information concerning your request.

If a Direct Rollover (not a transfer) of qualified funds is requested for a year that you have a Required Minimum Distribution (RMD) due, we will first pay to you any remaining RMD for this contract prior to the rollover unless you check the box below. Any RMD payment will be subject to default federal and state income tax withholding unless you complete the Income Tax Withholding section of the Withdrawal/Surrender Request Form.

☐ I certify that I have already taken my full RMD for this contract for the current year and all prior years in whole or in part from another source.

Income Tax Withholding

For 403(b) TSA, 401 Pension/Profit Sharing/401(k), or a Governmental 457 tax qualified contract, a minimum of **20%** federal income tax withholding is required by law unless your distribution is a direct rollover, direct transfer, RMD or due to financial hardship. For all other contract types and for RMD and financial hardship distributions, federal tax withholding is not mandatory.

The **default withholding amount is 10%** of the taxable amount. Whether or not taxes are withheld, you will be liable for payment of all applicable federal and state income taxes on the taxable portion of the distribution. You may also be subject to penalties under the estimated tax rules if your withholding and estimated tax payments, if any, are not adequate.

If you do not elect out of withholding or do not attach the IRS W-4R form or make a state election, then we will withhold the default or mandatory amount, notwithstanding any prior election you may have made for a prior withdrawal.

Federal Income Tax Withholding (select only one):

- ☐ Do not withhold federal tax, unless required
- ☐ I am attaching IRS Form W-4R. **Withhold based on that election.**
- ☐ I am not attaching IRS Form W-4R. **The default or mandatory amount, if any, will be withheld.**

State Income Tax Withholding (select only one):

- ☐ Do not withhold state tax, unless required
- ☐ I request state withholding of: %
- ☐ I am not specifying a state withholding percentage. **The default or mandatory amount, if any, will be withheld.**

Payee/Payment Instructions (complete section A or B)

A). For distributions to owner/annuitant/participant (select only one)

- ☐ Check via mail at address of record (no fee)
- ☐ Check via express delivery (\$20 fee)
Express deliveries cannot be sent to a PO Box address. The fee will be withheld from the distribution.
- ☐ Direct deposit to a personal checking or savings account (no fee)
Available for withdrawals up to \$25,000. Once direct deposit is elected, all eligible future payments will be paid via this method until you direct otherwise. **If your account information cannot be verified, a check will be sent to your address of record in place of the direct deposit.**
 - ☐ My checking or savings account information is on file.
 - ☐ My checking or savings account information is not on file. **You must complete the information below.**

Account type: ☐ Checking ☐ Savings

Financial Institution Name

Routing Number (9 digits required)

Account Number

List Names of ALL Owners on the Financial Institution Account

B.) For distributions to a brokerage account or as a direct transfer/direct rollover/1035 exchange

If you have named a brokerage firm as your payee, **you must submit documentation** verifying the owner and account number of the brokerage account, such as an account statement or a letter from your brokerage firm. If not received, payment will be sent by check to owner.

You authorize us to follow the written instructions of the financial institution to make payment to any agent, custodian, or clearing house, or to use an alternate mailing address.

Financial Institution or Brokerage Firm Name

Brokerage Account Number (if applicable)

Financial Institution or Brokerage Firm's Mailing Address

City

State

Zip

Special Tax Notice Regarding Plan Payments

This section only applies to withdrawals from a 403(b) TSA, 401 Pension/Profit Sharing/401(k), or a Governmental 457 qualified contract unless the withdrawal from these types of qualified contracts is a required minimum distribution (RMD), a hardship distribution or a direct transfer.

The Special Tax Notice contains information about rollover rights and tax treatment of eligible rollover distributions from a 403(b) TSA plan, a 401 Pension/Profit Sharing/401(k) plan, or a Governmental 457 plan. It is provided for your information. Please contact our office prior to submitting this form if your contract is under one of these plans and you did not receive the Special Tax Notice.

For eligible rollover distributions from these plans, you have 30 days to consider your options.

Unless you check the box below, we will hold your request for this 30-day consideration period.

☐ I waive my 30-day consideration period.

For 403(b) TSA Contracts Only

If you do not have a 403(b) TSA, this section does not apply. I certify that these payments requested from my 403(b) TSA contract are permitted as a result of (MUST CHECK ONE):

☐ **AGE 59½:** I am now age 59½ or older

☐ **SEVERANCE FROM EMPLOYMENT:** I have severed employment with the employer through which 403(b) TSA contributions were made.

Date of severance:
MM/DD/YYYY

Name of
employer:

☐ **DISABILITY:** I am unable to engage in customary or comparable substantial gainful activity by reason of medically determinable physical or mental impairment expected to result in death or be of long-continued and indefinite duration. **Attach documentation if no plan administrator.**

☐ **QDRO:** Payments will be made to an alternate payee under a qualified domestic relations order. **Attach copy of court order.**

☐ **QUALIFIED RESERVIST:** Payment to reservist called to active duty for 180+ days or indefinite period. **Attach copy of order if no plan administrator.**

☐ **BIRTH OR ADOPTION OF A CHILD:** Date of Birth/Adoption (MM/DD/YYYY)

A child of mine has been born or I have legally adopted an eligible child (a child who is not the child of my spouse, and who is under the age of 18 or physically/mentally incapable of self-support). I have not taken a qualified birth or adoption distribution from any other qualified retirement plan or IRA.

☐ **FINANCIAL HARDSHIP:** Attach financial hardship documentation if no plan administrator. **An immediate and heavy financial need on account of (MUST CHECK ONE):**

☐ Uninsured eligible medical expenses for me or my spouse, dependent, or designated beneficiary;

☐ Direct costs for purchase of my principal residence, excluding mortgage payments;

☐ Eligible post-secondary education expenses for me, my spouse, or my dependent;

☐ Threatened eviction from, or mortgage foreclosure on, my principal residence;

☐ Funeral expenses for my parent, spouse, children, dependents, or designated beneficiary;

☐ Expenses for repair of damage to my principal residence that qualifies as a casualty loss & is not covered by insurance.

By electing Financial hardship, you certify that the immediate and heavy financial need cannot reasonably be relieved (1) through reimbursement or compensation by insurance or otherwise, (2) by liquidation of your assets, (3) by cessation of elective contributions under this plan, (4) by currently available distributions and nontaxable loans under plans maintained by your employer or any other employer, or (5) by borrowing from commercial sources on reasonable commercial terms in an amount sufficient to satisfy the need. In addition, you agree to discontinue all elective contributions and employee contributions to the plan and all other plans maintained by the employer for a period of at least six months after receipt of the hardship distribution. Expenses for the repair of damage to my principal residence that qualifies as a casualty loss and is not covered by insurance. Rollovers are not allowed under financial hardship.

☐ **CONTRACT EXCHANGE/DIRECT TRANSFER:** Payment to be made as (MUST CHECK ONE):

☐ Contract exchange within the same employer 403(b) TSA plan.

☐ Direct transfer to governmental defined benefit plan for purchase of permissive service credit or as repayment under IRC section 415(k)(3).

☐ Plan-to-plan direct transfer from one employer 403(b) TSA plan to another employer 403(b) TSA plan, either as mandated by employer(s) in connection with corporate or plan reorganization or as otherwise allowed by the terms of both plans.

☐ **ROLLOVER ACCOUNT:** Payment is only to be made FROM an existing 403(b) contract that was funded solely with rollover contributions made into the existing 403(b) contract from a different employer retirement plan or IRA.

Owner/Annuitant/Participant Certification and Authorization

I understand that:

- Withdrawals will adversely affect any benefits under a living benefit rider or a death benefit rider.
- Unless made in the form of a direct transfer, direct rollover, or 1035 exchange, distributions before age 59½ may be subject to a 10% federal penalty tax (or 25% for some SIMPLE IRA distributions) in addition to other applicable income taxes.
- Due to contract terms and tax laws, once the funds have been distributed the funds cannot be returned nor the withdrawal transaction reversed.
- Pursuant to the transaction requested, the Company may use a third party service provider to verify your identity or confirm your ownership of the account to which you are requesting funds to be transferred.
- Interest on an indexed strategy of a fixed-indexed annuity is only credited at the end of a term. The amount withdrawn or surrendered from an indexed strategy before the end of the term will not be credited with any interest for that term.
- An amount withdrawn or surrendered from an indexed strategy of a registered index-linked annuity is valued based on a daily value percentage, or for some products, on the vested change in the index. This value may be less than the amount that would be paid at the end of a term, and the value may not receive the full protection of a buffer, floor, or downside participation rate.

I agree and certify that the Company is authorized to process this withdrawal request, and will hold the Company harmless against any and all claims made by reason of its compliance with this request.

Furthermore, if the contract is not returned for full surrenders, then by signing this request I certify under penalties of perjury and insurance fraud that the contract has been lost and that it has not been assigned, transferred, or pledged, and I agree to hold the insurance company harmless from any and all claims or loss which may occur directly or indirectly on account of its acceptance of this certification.

Signature of Owner/Annuitant/Participant

Date (MM/DD/YYYY)

Signature of Joint Owner (if applicable)

Date (MM/DD/YYYY)

Signature of Power of Attorney(s)/Authorized Representative(s)
signing on behalf of Owner/Annuitant/Participant

Date (MM/DD/YYYY)

For requests signed by a Power of Attorney (POA):

- Provide a copy of the POA document. The POA Certification (form AAG2816) must also be completed or on file.
- Payments can only be made to an account where the person who gave the POA is a named owner of the account.
- Payments will be made to the Principal (or transferred, rolled over, exchanged or deposited for his/her benefit) and not to or for the POA.

For contracts owned by a Trust:

- The acting Trustee(s) must sign. If there has been a change of Trustee(s) from the Trustee(s) on file, then you must submit a new Trust Certification (form X6017907NW).
- Payments can only be made to an account owned by the Trust unless additional documentation is provided showing that these distributions from the Trust are permitted.
- Payments will be made to the Trust (or transferred, exchanged or deposited for its benefit).

Log into **MassMutualAscend.com** if you need the POA or Trust Certification form.

Plan Administrator Certification and Authorization

This section only needs to be completed for withdrawals from 403(b) TSA, 401 Pension/Profit Sharing/401(k), or 457 tax qualified contracts. The Plan Administrator should complete this section.

Name of Employer Plan

Name of Plan Administrator

Plan Administrator Phone

--	--	--

The Plan Administrator certifies that the withdrawal or surrender requested is permitted under the employer's plan and authorizes the Company to process the request as indicated above. In the case of a hardship distribution from a 403(b) contract, the Plan Administrator agrees that the participant will be required to discontinue all elective contributions and employee contributions to the plan and all other plans maintained by the employer for a period of at least six months after receipt of the hardship distribution.

Plan Administrator Signature

Date (MM/DD/YYYY)

--

--

Signature Notarization or Signature Guarantee (if applicable)

Your signature on this request must be notarized or signature guaranteed below if you purchased your contract electronically with an electronic signature and you have not previously submitted a notarized or guaranteed signature, or as requested by the Company.

Option 1: Notarized Signature

State of

County of

Date (MM/DD/YYYY)

This Withdrawal/Surrender Request Form was acknowledged before me on

Name of each person acknowledging his/her signature to the Notary

by

Signature of Notary Public

My Commission expires (MM/DD/YYYY)

Seal

Option 2: Signature Guarantee

SIGNATURE GUARANTEED BY: Stamp or Seal of Eligible Guarantor Institution with Authorized Signature

You may have signature guarantee provided by a bank, savings and loan association, trust company, credit union, broker/dealer or any other "eligible guarantor institution" as defined under the rules adopted by the Securities and Exchange Commission. These institutions often participate in signature guarantee medallion programs such as the Securities Transfer Agent Medallion Program (STAMP).

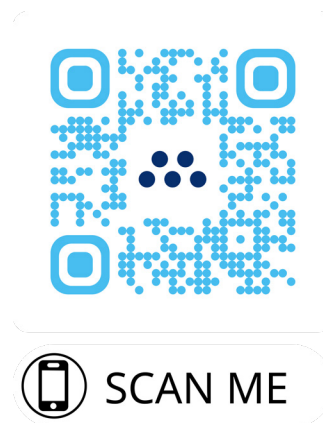
SMS Consent Addendum

At MassMutual Ascend, we are proud to utilize SMS technology to provide real-time updates on policy transactions. By completing and signing this form, you agree to receive SMS text updates from MassMutual Ascend on policy transaction requests. You can also opt in by texting ASCEND to 272363 or by scanning the QR code below.

Policy Number

Mobile Phone Number*

*Please note, if the mobile phone number you provide on this form does not match what is on file, you will not receive SMS text updates. If you wish to update your mobile phone number, you can do so by logging in to your account at MassMutualAscend.com and navigating to the "Settings" page.



U.S. phone numbers only. Message and data rates may apply. Message frequency varies. At any time, you can reply HELP for assistance or opt out completely by replying STOP. MassMutual Ascend's SMS terms of service can be found at MassMutualAscend.com/SMS. MassMutual Ascend's privacy policy can be found at MassMutualAscend.com/privacy-policy. You will not receive marketing messages.

Signature

General Instructions (*continued*)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don’t give Form W-4R to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can’t honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can’t choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don’t give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate’s employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$65,000 without the payment. Step 1: Because your total income without the payment, \$65,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$85,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$61,000 without the payment. Step 1: Because your total income without the payment, \$61,000, is greater than \$26,925 but less than \$63,475, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$81,000, is

greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. The two rates differ. \$2,475 of the \$20,000 payment is in the lower bracket (\$63,475 less your total income of \$61,000 without the payment), and \$17,525 is in the higher bracket (\$20,000 less the \$2,475 that is in the lower bracket). Multiply \$2,475 by 12% to get \$297. Multiply \$17,525 by 22% to get \$3,856. The sum of these two amounts is \$4,153. This is the estimated tax on your payment. This amount corresponds to 21% of the \$20,000 payment (\$4,153 divided by \$20,000). Enter "21" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

