



Affiliate:

Annuity Investors Life Insurance Company®

Variable Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 513-768-5115 Fax

Overnight Address: 191 Rosa Parks St, Cincinnati OH 45202

## WITHDRAWAL/SURRENDER REQUEST FORM FOR VARIABLE ANNUITIES

**INSTRUCTIONS:**

Please read and complete all applicable sections and forward to the Annuity Investors Life Insurance Company® along with any other necessary paperwork. Incomplete or unclear requests may result in processing delays. A new form is required for each request. Please be advised that after reviewing your request, additional paperwork may be required.

**1. CONTRACT OWNER INFORMATION - *MUST be completed for all withdrawal and surrender requests.***

Contract Number	
Name of Owner (or Group Contract Annuitant/Participant)	Name of Joint Owner (if applicable)
Owner/Annuitant/Participant's Address (including City, State, Zip)	Owner/Annuitant/Participant's Social Security/Tax ID Number
Is this the Owner/Annuitant/Participant's new address? <input type="checkbox"/> YES <input type="checkbox"/> NO	Owner/Annuitant/Participant's Daytime Phone Number (         )

**2. AMOUNT OF DISTRIBUTION (Select Only One) - *MUST be completed for all withdrawal and surrender requests.***

The minimum partial withdrawal amount is \$500.00 net of contract charges except for RMD distributions. 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 or an employer plan.

All withdrawals will include the contract's penalty free amount, if available. Withdrawals will adversely affect any benefits under a living benefit rider or a death benefit rider.

RMD distributions cannot be rolled over or transferred. If there isn't a prior year end value, the Insurer will not be able to calculate the RMD amount. You must provide the RMD amount to be withdrawn.

**Due to contract terms and tax laws, once your funds have been distributed, the funds cannot be returned nor the withdrawal transaction reversed.**

☐ Full Surrender and Termination of the Annuity Contract (Please return the annuity contract with the request form.)

☐ Partial Withdrawal from the Annuity Contract:

☐ Withdrawal for \$\_\_\_\_\_ **gross** (before all charges & taxes) OR for \$\_\_\_\_\_ **net** (after all charges & taxes)

☐ Withdrawal for contract's Free Withdrawal amount – **gross** (before taxes)

☐ Withdrawal for contract's current year Required Minimum Distribution of \$\_\_\_\_\_ (net of charges)

☐ Withdrawal for contract's current year Required Minimum Distribution (net of charges) as calculated by The Company

**3. DISTRIBUTION TYPE (Select Only One) – MUST be completed for all withdrawal and surrender requests.**

- ☐ **Distribution to Owner/Annuitant/Participant.** Distributions prior to 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.
- ☐ **Distribution to Brokerage Account – Non-Qualified Contracts only.** This distribution type is only applicable for Non-Qualified contracts. 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 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 this 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.

**4. PAYEE / PAYMENT INSTRUCTIONS – MUST be completed for all withdrawal and surrender requests.**

- A) Distributions to Owner/Annuitant/Participant:** A check will be sent via regular mail to your address of record unless otherwise specified below.
- ☐ Check via mail at address of record (**No fee**).
- ☐ Check via Express delivery (**\$20 fee**). In order to send a check via express delivery, we must have a physical address. Express deliveries cannot be sent to a PO Box address. The fee will be withheld from the distribution. Electing express delivery will not expedite processing time.

**If you would like to require your signature at delivery, please check here:** ☐ Yes, require Signature at delivery.

- B) Distributions to a Brokerage Account or Distributions as a Direct Transfer, Direct Rollover, or 1035 Exchange:** A check will be sent via regular mail. If you would like to elect express delivery **at your or your new carrier's expense**, please provide valid UPS or FedEx billing account information and a physical mailing address. If this information is not provided, the check will be sent via regular mail. Please be aware electing express delivery will not expedite processing time. **Important Note:** If you have named an insurance company, bank, brokerage firm, or other financial institution as your payee, you are authorizing us to follow the written instructions of that financial institution to make payment to any agent, custodian, or clearing house, or to use an alternate mailing address.

Check Payee: \_\_\_\_\_ ; Brokerage Account #: \_\_\_\_\_  
(if applicable)

Check Payee's Mailing Address: \_\_\_\_\_

**5. INCOME TAX WITHHOLDING – MUST be completed for all withdrawal and surrender requests.**

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.

**6. SPECIAL TAX NOTICE ACKNOWLEDGEMENT - ONLY to be completed for 403(b) TSA, 401 Pension/Profit Sharing/401(k), or Governmental 457 qualified contracts. See additional information below.**

**NOTE:** This section **MUST** be completed for 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.

By signing this form, the undersigned Owner/Annuitant/Participant acknowledges receipt of the Special Tax Notice Regarding Plan Payments. Please contact our office prior to submitting this form if you did not receive this Special Tax Notice.



Initial Above

By **initialing** in the box to the left, I **waive my 30-day consideration period**. I understand that I have 30 days to consider whether or not to make a direct rollover, and my request must be delayed unless I waive this right. This election applies to the waiver of the 30-day consideration period, **NOT** the actual processing time for your request.

**7. 403(b) TSA DISBURSEMENT ELIGIBILITY – Required only for 403(b) TSA Contracts. (MUST CHECK ONE)**

**NOTE:** This section **MUST** only be completed for all withdrawal requests from a 403(b) TSA qualified contract.

The owner certifies that this withdrawal or surrender is permitted as a result of:

- A) ☐ **AGE 59½:** The owner is now age 59½ or older
- B) ☐ **SEVERANCE FROM EMPLOYMENT:** Date of Severance: \_\_\_\_\_ Employer: \_\_\_\_\_  
Must indicate severance date and employer through which 403(b) TSA contributions were made.
- C) ☐ **DISABILITY: (MUST attach disability documentation if no plan administrator.)**  
Disability is being unable to engage in customary or comparable substantial gainful activity by reason of medically determinable physical or impairment expected to result in death or be of long-continued and indefinite duration.
- D) ☐ **BIRTH OR ADOPTION OF A CHILD:** Date of birth/adoption: \_\_\_\_\_  
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.
- E) ☐ **FINANCIAL HARDSHIP: (MUST 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. Post-12/31/88 earnings cannot be distributed and rollovers are not allowed under financial hardship.
- F) ☐ **QUALIFIED RESERVIST: (MUST attach copy of order if no plan administrator.)**  
Payment to reservist called to active duty for 180+ days or indefinite period.
- G) ☐ **QDRO: (MUST attach copy of court order.)**  
Payment to an alternate payee under a qualified domestic relations order.
- H) ☐ **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.
- I) ☐ **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.

**8. OWNER/ANNUITANT/PARTICIPANT CERTIFICATION AND AUTHORIZATION - **MUST** be completed for all withdrawal and surrender requests.**

The undersigned Owner/Annuitant/Participant agrees and certifies that Annuity Investors Life Insurance Company® is authorized to process this request as indicated above, and will hold Annuity Investors Life Insurance 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 the owner/annuitant/participant certifies under penalties of perjury and insurance fraud that the contract has been lost and that it has not been assigned, transferred, or pledged, and the owner agrees 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.

**In addition, the undersigned owner/annuitant/participant understands that due to contract terms and tax laws, once the funds have been distributed the funds cannot be returned nor the withdrawal transaction reversed.**

\_\_\_\_\_  
Signature of Owner/Annuitant/Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Owner (if applicable)

\_\_\_\_\_  
Date

**IMPORTANT NOTES:**

- For requests signed by a Power of Attorney we must receive a copy of the Power of Attorney document. The Affidavit Related to Power of Attorney, Form #AAG2816, must also be completed or a valid affidavit form must be on file. Payment will be made to the Principal (or for his/her benefit) if transfer, rollover, or exchange distributions and not to the Attorney in Fact.
- For contracts owned by a Trust, the acting Trustee(s) must sign. In addition, if there has been a change of Trustee(s) from the Trustee(s) on file, then either a new trust certification form (#X6017907NW) or trust pages showing the Successor trustee(s) together with documentation of the resignation, removal, incapacity, or death of the prior trustee(s) must be submitted. Payment will be made to the Trust or for its benefit if the distribution is to be a transfer, exchange, or distribution to a bank or brokerage account. Requesting payment to a trust beneficiary will require additional documentation.

**9. PLAN ADMINISTRATOR CERTIFICATION AND AUTHORIZATION - **Required only** for withdrawals from 403(b) TSA, 401 Pension/Profit Sharing/401(k), Governmental 457, or Non-Governmental 457 qualified contracts.**

**Note:** This section **MUST** be completed by the Plan Administrator for all withdrawals from a 403(b) TSA, 401 Pension/Profit Sharing/401(k), Governmental 457, or Non-Governmental 457 qualified contract. If you have severed employment, the Plan Administrator must still sign to certify this fact.

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 Annuity Investors Life Insurance 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.

\_\_\_\_\_  
Signature of Plan Administrator

\_\_\_\_\_  
Date

**10. OWNER/ANNUITANT/PARTICIPANT SIGNATURE NOTARIZATION OR SIGNATURE GUARANTEE**

The Owner/Annuitant/Participant's signature on this Withdrawal/Surrender Request Form must be notarized or signature guaranteed below if:

- 1) Requested by the home office, or
- 2) You purchased your contract electronically with an e-signature and you have not previously submitted a notarized or guaranteed signature.

STATE OF \_\_\_\_\_ )  
 COUNTY OF \_\_\_\_\_ ) SS:  
 \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, a Notary Public in and for said county and state, personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the foregoing Withdrawal/Surrender Request Form and acknowledged to me that he/she/they signed the same.

My Commission expires:

\_\_\_\_\_  
 MM/DD/YYYY

\_\_\_\_\_  
 Signature of Notary Public

SEAL

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).



## 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 2024, 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;
- Generally, 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 \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, 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 \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700, is



greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18,050 that is in the lower bracket). Multiply \$18,050 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter "13" on line 2.

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**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.