



Eagle Life Insurance Company®  
 P.O. Box 71279, Des Moines, IA 50325-0279  
 O/N Address: 6000 Westown Parkway, West Des Moines IA, 50266  
 866-526-0995 • Fax 515-457-1911  
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# Systematic Withdrawal Request

**WHILE WE STRIVE TO PROCESS REQUESTS IN A TIMELY AND EFFICIENT MANNER, REQUESTS MUST BE RECEIVED IN OUR OFFICE NO LATER THAN DECEMBER 20TH TO GUARANTEE PROCESSING WITHIN THE SAME TAX YEAR.**

Contract Number \_\_\_\_\_ Contract Owner(s) \_\_\_\_\_

## SYSTEMATIC WITHDRAWAL REQUEST INFORMATION

I wish to receive income via Systematic Withdrawals from the above named annuity with payments to begin \_\_\_\_\_, Month/year

**And paid at the following interval:**  Monthly\*  Quarterly\*  Semi-Annually\*  Annually

The payment amount should be based on one of the following calculations: (\$25 minimum check amount);

**Select One:**

- a.  Interest Only (Actual interest credited during the check period)
- b.  Fixed Amount of \$\_\_\_\_\_per check  Net  Gross
- c.  Fixed Percentage of \_\_\_\_\_% of Account balance  
 (amount to be recalculated each policy anniversary, and split among all checks).

*\* I understand that payments made more frequently than annually will have a lower annual yield, and that at least 10% of the account balance must be allocated to the fixed strategy. Should adequate funds not be available in the fixed strategy, funds will automatically be reallocated accordingly. Payments under options b. or c. above may result in reduction of the original premium.*

**PLEASE NOTE: A surrender charge will be assessed for withdrawals that exceed the penalty-free amount under contract provisions. Distributions prior to age 59½ may also be subject to IRS premature distribution penalties.**

## TAX WITHHOLDING ELECTION

Federal law requires us to withhold 10% of the taxable portion of your distribution for federal income tax. You may elect not to have federal income tax withheld or you may elect a higher withholding rate. Even if you elect not to have federal income tax withheld, you may be responsible for paying estimated taxes. You may incur penalties under the estimated tax rules if your payment of estimated tax and withholding, if any, are not sufficient to satisfy your tax liabilities.

Your distribution may also be subject to state income tax withholding. Some states require that state income tax be withheld when federal income tax is withheld. Additionally, some states have minimum withholding requirements. If you live in one of these states, we will withhold state income tax as required by your state. In other states, withholding is voluntary. If you do not make a withholding election, or if you do not specify a withholding amount, we will withhold 10% federal income tax and will not withhold any state income tax, unless a different amount is required by your state.

**Federal Withholding Election:** (Please choose one)

- I DO NOT want federal income tax withheld.
- I DO want the following federal income tax withheld: \_\_\_\_\_% federal (minimum withholding is \$10.00.)

**State Withholding Election:** (Please choose one)

- I DO NOT want state income tax withheld.
- I DO want the following state income tax withheld: \_\_\_\_\_% state (minimum withholding is \$10.00.)

**In which state do you file your taxes?** \_\_\_\_\_

## STATE SPECIFIC INSTRUCTIONS:

**Arizona residents:** If you want to have Arizona taxes withheld, you must submit form A-4P.

**Michigan residents:** If you were born after 1946, we are required to withhold state income tax from the taxable portion of your distribution, unless you elect not to withhold using Form MI W-4P.

**New York residents:** If you want to have New York state taxes withheld, you must submit form IT-2104-P. Withholding is only permitted on periodic payments payable over a period of longer than one year.

Please consult a tax advisor for more information on withholding requirements for your state.



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# Systematic Withdrawal Request

## CONSENT OF SPOUSE – REQUIRED IF YOU RESIDE IN AZ, CA, ID, LA, NM, NV, TX, WA, OR WI

If you are married and reside in one of the states listed above, or a community property interest otherwise exists, your spouse must consent to this transaction by signing below.

**X** \_\_\_\_\_  
 Spouse Signature Date

We are entitled to rely on the information you provide in this section. If you do not indicate that you are married, we are entitled to rely on our good faith belief that no community property interest exists. If you are unsure of whether a community property interest exists, consult your legal advisor. We have no responsibility for determining the applicability of community property laws or the validity of the requested transaction. *If you live in one of the states listed above and you do not complete this section, we will assume you are not married and no community property interest exists.* By signing this form, you are certifying that the information provided in this section is true.

## TAX PAYER IDENTIFICATION NUMBER (MUST BE COMPLETED)

\_\_\_\_\_ OR \_\_\_\_\_  
 Social Security Number Employer Identification Number

## SUBSTITUTE IRS FORM W-9

Under penalties of perjury, I certify that:

1. My Social Security number or taxpayer identification number shown on this form is correct;
2. I am not subject to backup withholding due to failure to report interest or dividend income;
3. I am a U.S. citizen or other U.S. person (as defined in the W-9 instructions); 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.

**Certification Instructions – You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. If you are not a U.S. Citizen or other U.S. person for tax purposes, please cross out certifications 3 and 4 and complete and return to us the appropriate IRS documentation.**

## COMPLETE THIS SECTION IF YOU WOULD LIKE THESE PAYMENTS AUTOMATICALLY DEPOSITED TO YOUR BANK ACCOUNT

Select One:

- I have previously submitted my bank account information to Eagle Life for the purpose of receiving electronic payments. I would like to use the bank account information on file with Eagle Life for this request.  
**Please Note: If no bank information is on file I understand a paper check will be mailed.**
- Enclosed is Eagle Life form 4062-ELIFE to set up direct deposit.

## PLEASE SIGN & DATE BELOW

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's Signature\* Date

\*If you are signing on behalf of the owner, please indicate the capacity in which you are signing:

- Trustee  Attorney-in-Fact  Conservator/guardian  Other: \_\_\_\_\_

\_\_\_\_\_  
 Joint Owner's Signature\* Date

\*If you are signing on behalf of the joint owner, please indicate the capacity in which you are signing:

- Trustee  Attorney-in-Fact  Conservator/guardian  Other: \_\_\_\_\_