



P.O. Box 5308
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888.925.6446
ohionational.com

Individual Annuity Contract Change Request – Partial Surrender

Please Print

Contract Number	Annuitant	Owner
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Please complete all sections.

Section 1 – Partial Surrender Options

Please note, there may be limits to the minimum and maximum amounts allowed under your contract. Please refer to your contract for further details.

Please select one:

- I request a partial withdrawal of \$ _____
- I request a partial withdrawal of the amount available based on my rider¹
- I request a partial withdrawal of my annual free amount available without surrender charges²
- I request a partial withdrawal of a percentage of my contract value: _____ %³
- I request a withdrawal of all premiums currently not subject to a surrender penalty
- I request a one-time withdrawal of my Required Minimum Distribution (RMD) \$ _____

IMPORTANT:

¹ Rider withdrawal will be based on the maximum remaining amount allowable under the rider. Please note, if more than one rider exists on this contract, the withdrawal will be based on the lower maximum rider withdrawal amount.

² Typically, 10% of the contract value on the date of the first withdrawal less any withdrawal taken in that contract year. Please refer to your contract for further details.

³ Percentage will be based on the contract value on the date that the partial withdrawal is processed.

Section 2 – Taxation Withholding Election

Federal Taxation: If you do not select an option below, we are required to withhold at least 10% of the taxable amount.

- I DO NOT want to have federal income tax withheld from my withdrawal.
- I DO want to have _____ % federal income tax withheld from my withdrawal (must be less than 100%).

State Taxation: We will withhold state income tax on the taxable amount if: (1) you specifically request that we do so on this form and we are able to do so for your state; or (2) we are required to do so under state law. If you have questions regarding mandatory state tax withholding, please contact Annuity Product Specialists at 888.925.6446.

- I DO NOT want to have state income tax withheld from my withdrawal.
- I DO want to have _____ % state income tax withheld from my withdrawal.

Other federal or state withholding rules may apply to your withdrawal.

I understand that I am liable for payment of federal and state income tax on any taxable portion of the requested payment and could be subject to tax penalties under the estimated tax payment rules if payments are not adequate.

Section 3 – Pay to: (Please note: If not completed, the check will be sent to the address of record)

Please note, Ohio National is only able to make distributions payable for the benefit of the contract owner(s). Distributions cannot be made payable to a third party and likewise cannot be sent to a bank account in the name of a third party.

1. Please select one

- Check** (unless otherwise indicated, checks will be sent via regular mail)
- Wire Transfer** (There is a \$25 fee to wire funds, and your financial institution may charge a fee for incoming wire transfers)
- Overnight Check** (There is a \$20 fee to overnight funds. This process takes three business days to receive the check once the request has been processed.)
- Electronic Funds Transfer (EFT)** - Please complete the below agreement. A voided check or a copy of a voided check must be attached in order for us to process the withdrawal. EFT may not be an option for custodial-owned contracts. There is a maximum distribution limit of \$50,000 for EFT; please contact Annuity Product Specialists at 888.925.6446 for more information.

2. Mailing Address for Check. (If selected as the payment method and left blank, the check will be sent to the address of record.)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 4 – Electronic Funds Transfer (EFT) Agreement for Direct Deposit

Type of account: Checking (please attach a voided check) Savings (please attach a voided pre-encoded deposit slip)

Name of the Financial Institution:	Account Number:
ABA/Transit Routing Number:	Name(s) as it appears on the account [□] :
Address of the Financial Institution:	Telephone Number of Financial Institution:

For credit to my/our account, all funds payable by The Ohio National Life Insurance Company or Ohio National Life Assurance Corporation (hereafter referred to as Ohio National) represent payment from my/our contract referenced above.

I/We authorize the Financial Institution named above to reimburse Ohio National, from this or any other account I/we may hold in such institution, for any payment received by the Financial Institution to which I/we was/were not entitled due to death prior to the due date of the payment.

I/We understand that Ohio National is relying on the information that I/we provided on this form, and further understand that Ohio National will not be liable for any losses or charges due to incorrect, outdated, or incomplete information that has been provided on this form.

Beginning in 2015, an individual may not make more than one non-taxable 60-day rollover from one IRA to another within each twelve month period. This limit applies to all types of IRAs including SEP, SIMPLE and Roth IRAs. By signing this form and instructing National Security to distribute funds as a non-taxable rollover, you are representing that you have not received a distribution from any other IRA in the preceding one-year period that was rolled over into an IRA.

The undersigned hereby consents to the provisions contained herein:

