AuguStarSM Life Insurance Company AuguStarSM Assurance Corporation



P.O. Box 5308 Cincinnati, Ohio 45201-5308 888.925.6446 augustarfinancial.com

Individual Annuity Contract Change Request – Partial Surrender

Please Print					
Contract Number	Annuitant	Owner			
Please complete all sections.					
Section 1 – Partial Surrender Options	•				
-	num and maximum amounts allowed under you	ur contract. Please refer to your contract			
for further details.	·	•			
Please select one:					
_	amount available <u>based on my rider</u> ¹				
_	· · · · · · · · · · · · · · · · · · ·				
I request a partial withdrawal of my	annual free amount available without surrende	r charges ²			
I request a partial withdrawal of a p	ercentage of my contract value:%³				
I request a withdrawal of all premiur	ns currently not subject to a surrender penalty				
I request a one-time withdrawal of n	ny Required Minimum Distribution (RMD) \$				
	IMPORTANT:				
¹ Rider withdrawal will be based on the maxi	mum remaining allowable under the rider. Ple	ase note, if more than one rider exists on			
	on the lower maximum rider withdrawal amour				
	date of the first withdrawal less any withdrawa	Il taken in that contract year. Please refer			
to your contract for further details.	alue on the date that the partial withdrawal is p	processed			
refeelinge will be based on the contract ve	ande on the date that the partial withdrawaris p	nocesseu.			
Section 2 – Taxation Withholding Ele	ction				
Federal Taxation: If you do not select an option	on below, we are required to withhold at least	10% of the taxable amount.			
☐ I DO NOT want to have federal income ta	x 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	e tax on the taxable amount if: (1) you specifica	ally request that we do so on this form			
	we are required to do so under state law. If yo				
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 in	come 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 f	ederal and state income tax on any taxable por	tion 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, AuguStarSM is only able to make distributions payable for the benefit of the contract owner(s). <u>Distributions cannot be</u> made payable to a third party and likewise cannot be sent to a bank account in the name of a third party.

1.	<u>Please select one</u>	
	Check (unless otherwise indicated, checks will be sent via	a 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. request has been processed.)	This process takes three business days to receive the check once the
	be attached in order for us to process the withdrawal. EF	low agreement. A voided check or a copy of a voided check must T may not be an option for custodial-owned contracts. There is a ntact Annuity Product Specialists at 888.925.6446 for more
2.	Mailing Address for Check. (If selected as the p to the address of record.)	payment method and left blank, the check will be sent
Name:		
Address	s:	
City:	State:	Zip:
Sectio	n 4 – Electronic Funds Transfer (EFT) Agreemen	t for Direct Deposit
		Savings (please attach a voided pre-encoded deposit slip)
Name c	of the Financial Institution:	Account Number:
ABA/Tr	ansit Routing Number:	Name(s) as it appears on the account*:
Addres	s of the Financial Institution:	Telephone Number of Financial Institution:

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

I/We authorize the Financial Institution named above to reimburse AuguStarSM, 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 AuguStarSM is relying on the information that I/we provided on this form, and further understand that AuguStarSM 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:

	ny duditional information of	instructions regarding the withdrawal.
f trust, custodial, corporate, or p		clude title after signature (e.g. Trustee, Custodian, etc.). If signing sture (e.g. POA, Attorney-in-Fact, etc.)
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^{*}Payment must be made to the contract owner(s). AuguStarSM is unable to pay or direct deposit to a third-partyaccount.

^{**} Certification: I hereby certify that I, the above-signed, am the owner of this annuity contract or, if the contract is trust, custodial, corporate or partnership owned, that I am an authorized signatory thereof and that this request is being submitted in my capacity as an authorized signatory of the trust, custodial account, corporation or partnership. The above-signed hereby agrees, for ourselves, and, if any, our subsidiaries, agents, employees and directors at all times to indemnify and hold harmless The AuguStarSM Life Insurance Company, each of its subsidiaries, agents, employees and directors against any and all claims, liabilities, damages, demands, actions, controversies, charges, expenses and losses sustained or incurred by AuguStar's actions in making the change requested above and release the same from any liability arising from the execution of this transaction.

^{***} Under the penalties of perjury, I certify that the information provided on this form is true, correct, and complete. I have not been notified by the Internal Revenue Service that I am subject to withholding for under-reporting under Section 3406(a)(1)(c). I am a U.S. citizen or a U.S. resident alien.