

AuguStarSM Life Insurance Company AuguStarSM Life Assurance Corporation

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

Request for Systematic Withdrawal from an Annuity

Please Print		
Contract Number	Annuitant	Owner
Section 1 – Program Election	•	
I (We) wish to start a series of partial surren	ders from the above-referenced annuity contrac	t each year equal to the amount of:
☐ Amount to be based on rider¹ ☐	Free Withdrawal Amount ² Interd	est (Fixed Contracts Only)
%	\$ (Per payout)	
Systematic withdrawals that exceed the free amore Please refer to your contract for specific charges	ount as defined by your contract may be subject to a sand limitations.	urrender (contingent deferred sales) charge.
¹ Payout amount will be equal to the lowest r	naximum rider amount available divided by the freque	ency of payouts.
Typically, 10% of the contract value as of th year. Please refer to your contract for further	e first surrender for the contract year less all previous er details.	amounts surrendered during the contract
Section 2 – Frequency of Payouts (must	t select one)	
Please select one of the following options:		
☐ Monthly ☐ Quarterly	Semi-Annually Annually	
Section 3 – Payment Schedule		
As soon as possible		
Please begin my payment on:	_//(please note, monthly payor	uts cannot occur after the 28 th of the month)
Section 4 - Taxation		
Federal Taxation: If you do not select an opt	ion below, we are required to withhold at least	10% of the taxable amount.
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	ax withheld from my withdrawal.	
☐ I DO want to have % federal i	ncome tax withheld from my withdrawal (must l	pe less than 100%).
	ne tax on the taxable amount if: (1) you specifica 2) we are required to do so under state law. If yo ty 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 inco	ome tax withheld from my withdrawal.	
Other federal or state withholding rules may	apply to your withdrawal.	
	federal and state income tax on any taxable por estimated tax payment rules if payments are ina	

PLEASE COMPLETE BOTH PAGES OF THIS FORM AND SIGN

Please note: This form supersedes any previous systematic withdrawal/automatic distribution request. Any previously established

automatic withdrawal will be terminated.

Section 5 - Electronic Funds Transfer (EFT) Agreement for Direct Deposits

· 11 /	Date Owner Social Security Number*** r Financial Institution, please allow up to 14 days to process your initial
	Date Daytime Phone Number
Section 6 – Signatures The undersigned hereby consents to the provisions con	ntained herein:
	information that I/we provided on this form, and further understand that due to incorrect, outdated or incomplete information that has been provided
	to reimburse AuguStar SM , from this or any other account I/we may hold in ncial Institution to which I/we was/were not entitled due to death prior to the
	AuguStar SM has received notification at its home office in Cincinnati, OH uch time and manner as to afford AuguStar SM and the Financial Institution
	uStar SM Life Insurance Company or AuguStar SM Life Assurance epresent payment from my/our contract referenced on page 1.
Address of the Financial Institution	Telephone Number of Financial Institution
ABA/Transit Routing Number	Name(s) as it appears on the Account
Name of the Financial Institution	Account Number
Type of account:	ed check) Savings (please attach a voided pre-encoded deposit slip)
I elect to have my systematic withdrawal directly of authorized and directed to pay to:*	deposited to my checking or savings account via EFT. You are hereby
section on the back of this form. If the EFT agreement in order to receive your distributions by check, each in	ravings account via Electronic Funds Transfer (EFT), please complete the EFT is not completed, checks will be mailed to the address of record. Please note, adividual withdrawal must meet the minimum withdrawal amount. If the amount, the distribution must be directly deposited into your checking or
If EFT is not elected, a check will be mailed to the own owned contract.	er's address of record. Please note EFT may not be an option for a custodial-
Section 5 - Liectronic Fanas Hansier (Li 1) Agree	ment for birect beposits

request.

^{*} Payments must be made to the contract owner(s). AuguStar^{5M} is unable to pay or direct deposit to a third party account.

^{**} 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 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 AuguStarSM Retirement actions in making the change requested above and release the same from any liability arising from the execution of this transaction.

*** Certification: Under the penalties of perjury, I certify that the information provided on this form is true, correct, and complete. I have not be notified by the Internal Revenue Service that I am subject to withholding for underreporting under Section 3406 (a)(1)(c). I am a U.S. Citizen or a U.S. resident alien.