



Liberty Life Insurance Company

1. Contract Information

Contract Number

Name of Annuitant

Social Security No. or Tax I.D. No.

Name of Owner (If different from Annuitant)

Social Security No. or Tax I.D. No.

Street Address, City, State, Zip (Please indicate mailing address for check)

Name of Joint Owner (If applicable)

Social Security No. or Tax I.D. No.

2. Distribution Election

I wish to withdraw or surrender from my annuity in the amount indicated below. (This form may not be used for TSA/403(b) contracts. Please call the service center for appropriate form.)

Please Check [X] One

- Maximum amount available without a surrender charge
Specified Dollar Amount of \$

Please select one of the following or Gross Amount will be used: Net Amount Gross Amount

- Specified Percentage of: % of the accumulation value
Full Surrender:

NOTE: The Policy or Policy Schedule Page must be submitted with this request. If you lost your policy, please check box below.

Declaration of Lost Policy

I declare that this policy has been lost or destroyed and that it has not been assigned, pledged or otherwise disposed of. I release the Company from all liability under the original policy and agree to return the policy to the Company if found.

For Variable Annuity Contracts: Specify the appropriate Portfolio(s) below. If Portfolio(s) are not specified, the withdrawal will be taken proportionately from all portfolio(s) based upon the balance in each in comparison to the total accumulated balance (Pro Rata). This may cause an interest/market value adjustment on the amount withdrawn from a guaranteed period of fixed account II. Any amount exceeding your free withdrawal amount may incur a withdrawal charge.

Please be sure that the following percentages total 100%.

Fund: \$ / %

Fund: \$ / %

Fund: \$ / %

Fund: \$ / %

Please complete and sign as requested on reverse



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3. Income Tax Withholding

Please Check **One** (If no election is made; Federal Income Tax will automatically be withheld)

- Withhold 10%
- Withhold another amount: \$ _____, or _____%
- Do not withhold Federal Income Tax

State Income Tax will be withheld if Federal Income Tax is withheld and you live in one of the following states: **CA, DE, GA, IA, KS, ME, MA, NC, OK, OR, VT, VA**

Notice: Federal law requires withholding a minimum of 10% Federal Income Tax from taxable distributions, unless you elect not to have taxes withheld or specify a different withholding amount. Withholding will only apply to that portion of your distribution that is includable in your income subject to Federal Income Tax. You may revoke this withholding election at any time by contacting Liberty Life Insurance Company in writing. Electing not to withhold at this time does not release the liability for payment of Federal and, if applicable, state Income Tax on the taxable portion of your payment. You may incur tax penalties if your withholding and tax payments are not adequate.

Note: Liberty Life Insurance Company is unable to render tax advice, and therefore, we suggest that you consult your tax counsel or tax advisor regarding your financial situation.

4. DISCLOSURE

Please Read Carefully

- 1) I understand that by requesting a surrender or partial withdrawal of my annuity contract I may incur surrender charges.
- 2) I understand that requesting a surrender or partial withdrawal of my annuity contract may result in tax consequences.
- 3) I have no plans to replace this annuity contract with another policy or annuity contract or,
- 4) I do plan to replace this annuity contract and have made my agent aware so that appropriate replacement forms and other required documentation can be completed.

The National Association of Insurance Commissions (NAIC) definition of a replacement includes any transaction in which a new policy or contract is to be purchased, and it is known or should be known to the proposing agent that by reason of the transaction, an existing policy or contract has been or is to be surrendered.

5. Required Signature(s)

X _____
Signature of Owner Date

X _____
Signature of Spouse Date
(Required if resident of community property state)

X _____
Signature of Joint Owner (If applicable) Date