



# PERSONAL CHOICE SUITE ACCUMULATED INTEREST WITHDRAWAL FORM

## 1) Owner's Information

All fields are required.

\_\_\_\_\_  
Name (please print your full name as it appears on your contract)

\_\_\_\_\_  
Contract Number

\_\_\_\_\_  
Mailing Address (including apartment or box number)

\_\_\_\_\_  
Social Security or Taxpayer ID Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date of Birth or Trust

\_\_\_\_\_  
Email Address (Optional)

\_\_\_\_\_  
Daytime Telephone Number

Note: All payments will begin on the next modal anniversary based on your chosen frequency. If the withdrawal amount is less than \$100.00, the Company reserves the right to reduce the frequency of payments to an interval which will result in each payment being at least \$100.00.

## 2) Withdrawal Options

**I authorize:**

Systematic payment of the accumulated interest according to the frequency below.

Include all prior earned interest in first payment?    Yes    No

If neither Yes nor No is selected, the default will be No.

An initial payment of \$ \_\_\_\_\_ of the accumulated interest to be paid immediately, thereafter interest should be paid according to the frequency below.

A systematic payment of \$ \_\_\_\_\_, not to exceed the interest credited during the frequency chosen below.

## 3) Payment Frequency

Process systematic interest payments according to the frequency below:

Monthly    Quarterly    Semiannually    Annually

Note: If a frequency is not selected for systematic payments, payments will be processed an annually.

Compound Interest Crediting: Interest is compounded and credited daily based on the guaranteed crediting rate. When a withdrawal is taken, the interest payment is based on interest credited for the exact number of days in the withdrawal period. For this reason, payment amounts may fluctuate. A contract taking monthly, quarterly or semiannual interest withdrawals will produce less total interest than one taking annual distributions.

## 4) Payment Method

**Note:** If a payment method is not selected, your distribution(s) will be paid to you by check until we receive written notice from you requesting a change for future payments. One-time distributions are paid by check only.

Mail check to my address of record currently on file

Transfer funds electronically (ACH) - **A voided check is required**    **Checking**    **Savings**

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Account Holder's Full Name

\_\_\_\_\_  
ABA Routing Number

\_\_\_\_\_  
Account Number

**5) Tax Withholding Election:** Form W-4P/OMB No. 1545-0074

**Federal Tax Withholding**

Distributions from IRA's and qualified retirement plans that are not eligible for rollover are subject to federal income tax withholding unless you affirmatively elect **not** to have withholding apply to such payments. Generally, such distributions are subject to 10 percent withholding unless you elect to have an additional amount withheld or elect to have no withholding. You may make a withholding election by selecting one of the options below. Your election will remain in effect for any subsequent distributions unless you change or revoke it by providing us with a new election.

**Important Taxpayer Information**

I understand if there is a reportable distribution due to the withdrawal, it will be reported to the Internal Revenue Service (IRS) for the calendar year the withdrawal is made. If I am under age 59 ½, an IRS Federal Excise Tax may apply to the withdrawal.

I understand that, due to State Regulations, the Company is required to withhold State Taxes regardless of the Federal election if I reside in **CA, NC, OK, OR or GA**. If I reside in **DE, IA, KS, MA, ME, NE, or VT**, the Company is required to withhold State Income Tax if Federal Income Tax is withheld. I further understand that even if I elect not to have Federal Income Tax withheld, any reportable distribution will be reported to the IRS.

**Note:** 10% federal income tax automatically withheld if you do not make an election below. Some states also impose mandatory withholding.

**I elect:**

**NOT** to withhold federal income tax.

**NOT** to withhold state income tax.

to withhold federal income tax in the amount of \$ \_\_\_\_\_ or percentage of \_\_\_\_\_ %.  
**(Must equal at least 10%)**

to withhold state income tax in the amount of \$ \_\_\_\_\_ or percentage of \_\_\_\_\_ %.

**6) Owner Acknowledgment: By signing below, I acknowledge full understanding of the following:**

**Community Property States**

- If the contract was issued in a community property state, or if the Owner currently lives in a community property state (**AZ, CA, ID, LA, NM, NV, TX, WA, WI**), the Owner's spouse must sign the form.
- If you do not provide us with your spouse's signature, please make notation of your current marital status.
- In case of divorce, in order to ensure that spousal interest in community property has been protected, a copy of the relevant parts of the divorce decree is required (i.e., front page, signature page and any page referencing the annuity contract). If there is no mention of the annuity contract in the divorce decree, the former spouse must sign this request. If this is not possible, please contact our Policy Service Department.

I certify that I am the participant authorized to make these elections and that all information provided is true and accurate. I further certify that a Sentinel Security Life representative has not given any tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. Sentinel Security Life is hereby authorized and directed to distribute funds from my contract in the manner requested. Sentinel Security Life may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that Sentinel Security Life and their representatives shall in no way be responsible and shall be indemnified and held harmless for any tax, legal or other consequences of the election(s) made on this form. **UNDER PENALTY OF PERJURY, I CERTIFY THAT THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER ID NUMBER AND I AM NOT SUBJECT TO BACKUP WITHHOLDING. I have read and understand and agree to be legally bound by the terms of this form.**

\_\_\_\_\_  
Signature of Owner Title (if applicable) Date

\_\_\_\_\_  
Signature of Joint Owner (if applicable) Title (if applicable) Date

\_\_\_\_\_  
Signature of Owner's Spouse (Community Property States) Date

\_\_\_\_\_  
Signature of Joint Owner's Spouse (Community Property States) Date