



SUMMIT BONUS INDEX ANNUITY WITHDRAWAL

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

2) Withdrawal Options

Note: One-time withdrawals are paid by check only. Please carefully review your contract to ensure that you understand the terms that apply to your withdrawals before completing this form. A one-time withdrawal amount must be \$250.00 or greater. If the gross distribution reduces the Accumulation Value to less than \$2,500.00, the Company reserves the right to surrender the contract and pay out the Cash Surrender Value.

Specified Payment Amount

Distribute \$ _____ Gross Net

Note: If neither Gross nor Net is selected, the distribution request will be treated as a Gross distribution request.

Distribute _____ % of the Accumulation Value as of the last Contract Anniversary

Interest Credited to the Fixed Account

Note: Funds must be allocated to the Fixed Account in order to use this option.

Distribute _____ % of the earned interest immediately

Distribute interest earned according to the payment frequency specified below

Required Minimum Distribution (RMD)

One-time payment for Current year RMD only

Systematic distribution according to the frequency specified below

Calculate using Table II (Joint Life and Last Survivor Expectancy) *

* Spouse must be the sole beneficiary and more than 10 years younger than owner.

3) Payment Frequency

One-time payment by check

Systematic payments according to the frequency below (Available beginning in the second contract year)

Start Date: ____ / ____ / ____ Monthly Quarterly Semiannually Annually

Note: If a frequency is not selected for systematic payments, the default will be annual. If no voided check is received systematic distributions will be sent via check in the mail. Total distributions in a Contract Year will equal the amount specified above. If each payment is less than \$50.00, the Company reserves the right to reduce the frequency of payments to an interval which will result in each payment being at least \$50.00.

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. If a voided check in

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 1/2, 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:

Distributions will be applied first to the Fixed Account and then, if necessary, proportionately to the Indexed Accounts. Any withdrawal above the penalty-free amount specified in my contract may be subject to a Surrender Charge, Market Value Adjustment and forfeiture of the Nonvested Premium Bonus.

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 (s) 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