



NASSAU

Nassau Life Insurance Company
P.O. Box 22012
Albany, NY 12201-2012

Annuity Systematic
Withdrawal Form

Contract Number: _____
Name Owner: _____
Name of Annuitant: _____ (Phone#): _____
Owner's Current Address: _____

A. Please check one of the options below:

- I want to withdraw: \$ _____ **GROSS** (Amount before withholding taxes)
- I want to withdraw: \$ _____ **NET** (Amount after withholding taxes)
- I want to set up the RMD on a systematic basis.

Please note the minimum amount to set up a systematic withdrawal is \$100.00

B. Select the option that applies to your request:

- New request Additional systematic withdrawal Change to the existing systematic withdrawal

C. Select the frequency and date of the withdrawals:

- Monthly Quarterly Semi-Annually Annually

Beginning date: Month: _____ Day: _____ Year: _____

D. Check one of the options for delivery:

- To the address of record. Via Electronic Funds Transfer (EFT). **Please complete section E.**

E. Please complete this section if you wish the payment to be sent via EFT. I /We hereby authorize Nassau Life Insurance Company to electronically transfer funds via ACH to the bank account listed below. I/We understand that my/our instructions will become effective upon the bank's acceptance and verification of the electronic transmission. **Note: Ten business days are required to establish EFT privileges. A check will be mailed to the address of record if a distribution is scheduled before the EFT privilege is established.**

Bank Information: Account Type: Checking Savings

Bank Account Owner(s)

Bank Name

Bank Phone #

Bank Account #

Bank Routing #(Confirm this information with a bank representative)

Bank Street Address\

Bank City, State, Zip Code



F. Authorization & Signature(s):

I understand and agree that systematic withdrawals will reduce the death benefit and may have tax consequences. I also understand that there are penalties for not paying enough tax during the year, through insufficient withholding or estimated tax payments. If I am under age 59 ½ I realize that my systematic withdrawals may be subject to a 10% tax penalty imposed by the Federal Government.

I am aware that the Federal/State Income Tax Withholding Election form (OL4753) is required to process this request and has been completed and returned with this form

Under penalty of perjury, I certify (1) The number(s) listed below is the correct Social Security Number (SS#)/ Taxpayer Identification Number (TIN) and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or (c) the IRS has notified me that I am no longer subject to backup withholding. You must strike out (2) above if you are subject to backup withholding.



Signature of Owner #1

SS#

Date



Signature of Owner #2 (if any)

SS#

Date

A Medallion Signature Guarantee is required if adding or updating the bank account information.

Affix Medallion Signature Guarantee here. Stamps qualified for a specific date and/or individual or altered in any manner, may not be accepted.

