

Partial Annuity Withdrawal Request

Contract Number: _____

Annuitant / Owner Information:

First Name	MI	Last Name	-	Phone Number
Street Address	City	State	Zip Code	

Annuity Partial Withdrawal:

I/We _____, hereby make application for a Partial Cash Withdrawal of \$_____ said contract/rider as provided for in the conditions and provisions of my Serb National Federation (SNF Life) Annuity Contract/Rider. Withdrawal charges (if applicable) may be deducted in accordance with the contract/rider provisions.

The SNF MUST be provided with the Social Security Number/EIN Number of the party/person(s) to process this request for a Partial Annuity Withdrawal

PLEASE NOTE: IRS tax laws require ten percent (10%) withholding taxes for all transactions unless you indicate otherwise. Income Tax Withholding:

I/We elect NOT to have Income Tax Withheld OR I/We elect the following percentage withheld from my withdrawal/surrender _____ %

Important NOTICE:

1. Federal Government mandates the SNF automatically withhold thirty-one percent (31%) if a social security number is NOT provided; OR if the SNF is so notified by the IRS.
2. All Qualified plans distributions require twenty percent (20%) mandatory withholding. To avoid this 20% withholding, you must transfer distribution proceeds directly to another qualified plan OR an IRA.
3. All IRA's (Individual Retirement Accounts) require an elected choice of the above options pertaining to income tax withholding.

Signatures –

By signing below, I hereby represent that the statements and answers included herein are full, complete, and true, to the best of my knowledge and belief. Additionally, I certify that I have read and agree to the option chosen above. Furthermore, I understand that the SNF Life does not offer financial, tax, and/or legal advice and realize there may be tax implications as a result of this surrender request.

Signed at: _____, _____ on this _____ day of _____, _____
City State Date Month Year

Owner/Insured/Annuitant/Authorized Signature Witness Signature

If request is for a Non-Natural Person Annuity - Proper Authorization MUST accompany this request for it to be processed

Home Office Use:

Date Accepted _____ - _____ - _____ Signature _____