

**REQUIRED MINIMUM
DISTRIBUTION AUTOMATIC
WITHDRAWAL FORM
(FIXED ANNUITY)**

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A. TELL US ABOUT YOURSELF (Please print or type)

Policy Number _____ Owner's Name _____ Owner's Birth Date _____
Daytime Phone _____ Owner's Address _____
Owner's Social Security No. _____ OR Owner's Employer Identification No. _____
Year Automatic Required Minimum Distribution Is to Begin _____

B. WHO WOULD BENEFIT FROM THE REQUIRED MINIMUM DISTRIBUTION AUTOMATIC WITHDRAWAL PLAN?

The Required Minimum Distribution Automatic Withdrawal Plan can be used by individuals participating in a Tax Sheltered Annuity (TSA), Individual Retirement Annuity (IRA), or Simplified Employee Pension (SEP). Such individuals may want to take advantage of the Company's automatic withdrawal plan in order to satisfy minimum distribution requirements upon attaining age 70½.

C. METHOD OF CALCULATING YOUR REQUIRED MINIMUM DISTRIBUTION (RMD) AMOUNT

On January 12, 2001, the IRS issued new proposed RMD regulations. Based on these regulations, the Company will calculate your RMD amount each year by using your previous 12/31 year-end value divided by your life expectancy and the life expectancy of an individual assumed to be 10 years younger. Any additional withdrawals requested by you will reduce your RMD payments for that given year.

Exception: If you have a spouse who is more than 10 years younger than you and is your sole Primary Beneficiary, we can calculate your RMD based on your age and the true age of your spouse instead of an individual only 10 years younger. This calculation will produce an even smaller RMD amount than the calculation above. If you qualify for this exception, please complete the spousal information below. Otherwise, leave this section blank.

Name of Spouse _____
Spouse Social Security No. _____ Spouse Date of Birth _____

Note: If you make a change to your beneficiary designation in the future, please notify us immediately. Your RMD calculation will need to be adjusted.

D. SELECT A PAYMENT FREQUENCY

I would like my withdrawals made under one of the following payment frequencies.

Monthly Quarterly Semiannually Annually

E. SELECT A START DATE

I would like my first withdrawal made on _____. ◀ To ensure processing occurs within the calendar year, please select any day of the month prior to the 25th.
mm/dd/yyyy

If a date is not selected, my first withdrawal will be made upon receipt of this form at the home office of the Company.

F. WITHHOLDING ELECTION ON TAXABLE AMOUNTS

ALERT: This section is required for all distributions.

ELECTION: IF YOU DO NOT MAKE AN ELECTION, WITHHOLDING WILL APPLY, AND THE APPLICABLE FEDERAL INCOME TAX AND STATE INCOME TAX WITHHOLDING WILL BE WITHHELD FROM THE TAXABLE PORTION OF YOUR DISTRIBUTION.

Please check the appropriate box below.

- I do not want to have federal or state income tax withheld from this distribution.
- Withhold the amount as provided in the income tax withholding guidelines. Withholding will only apply to the taxable portion of the distribution or withdrawal. If an additional amount of withholding is needed, please note in special instructions.

NOTICE: If no election is made, withholding rules will apply.

Notice of Withholding. This distribution you are requesting is subject to mandatory federal income tax withholding (and state withholding in some states) unless you elect not to have withholding apply. Withholding only applies to the taxable portion of your distribution. If the taxable portion is unknown, withholding will apply to the gross amount of the payment. This may result in excess withholding on the payment. If an election is not made, the applicable federal income tax (and state income tax if required by your state) will be withheld. If you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax and you may incur penalties under the estimated tax rules if your withholding and estimated tax payments are insufficient.

G. ELECTRONIC FUNDS TRANSFER AGREEMENT (EFT)

NOTE: COMPLETION OF THIS SECTION IS REQUIRED.

Please complete the information below. For your convenience, we will retain this account information to automatically credit your account approximately two business days after the withdrawal date.

Financial Institution	Account Number	
Address	Routing & Transit Number	
City	State	Zip Code

Check one:

- Single Checking/Share Draft Account
- Joint Checking/Share Draft Account
- Single Savings/Share Account
- Joint Savings/Share Account

Please attach a voided check so we may obtain the correct settlement account numbers.

H. PLEASE SIGN BELOW

I accept the terms and conditions contained on this form. I understand that it is my responsibility to consult with my personal tax advisor regarding the tax consequences of the above withdrawals. Furthermore, I will not hold the Company liable for any direct or indirect damage or loss including (without limitation) taxes suffered or incurred by me or my beneficiary(ies) as a result of those matters.

Owner Signature	Date
Irrevocable Beneficiary(ies) Signature, If Any	Date