

Annuity Partial Withdrawal or Surrender Request

American Life Insurance Company ("Company") F.O.I. Box 51808, Lincoln, NE 68501 / 800-745-1102, Fax 402-467-1335

(This refers to Tax Identification Number)

Policy Number: _____

Name of Owner: _____ TIN/SSN: _____

Name of Joint Owner: _____ TIN/SSN: _____

1. Withdrawal 1174

The partial withdrawal amount you request will be the **GROSS AMOUNT**, unless otherwise indicated, which will include taxes withheld, if elected. The total amount will be increased or decreased by any applicable withdrawal charge and applicable market value adjustment. **The minimum partial withdrawal is \$100.** If after the partial withdrawal the remaining amount is less than the minimum specified in the policy, then the Accumulation Value will be surrendered instead of the requested amount.

Partial Withdrawal

in the amount of \$ _____, or Penalty Free withdrawal

2. Allocation of Withdrawal – Variable Only

A partial withdrawal will be taken on a pro-rata basis UNLESS you specify the sub-account(s) below: _____ \$ _____

3. Surrender 1180

Full Cash Surrender. I request the cash surrender value from the Company as payment in full of all rights, interest and claims in and under the above policy which is hereby surrendered for cancellation. Any applicable surrender charge and any Market Value Adjustment will be deducted in accordance with the policy provisions.

4. Systematic Withdrawal 1193 1257

Requested Amount \$ _____ Penalty Free Withdrawal Interest Only

Required Minimum Distribution. I request to begin the Required Minimum Distribution as set forth by the Internal Revenue Code. The Company is instructed to calculate my Required Minimum Distribution each year.

Effective month to begin automatic deposits: _____ Month / Year _____ Withdrawal Date: _____ Must be between the 1st and 28th of the month

and I authorize Automatic Corporate Depository wires from TD Ameritrade – Corporate Data of Date: _____

5. Frequency

Withdrawal or Surrender Distribution – One Time Deposit: ACH Default or Wire Transfer 2514 Int

Systematic Withdrawal Distributions paid by Direct Deposit (DDP): Monthly Default Quarterly Semi-Annually Annually

Financial Institution Account Information for Direct Deposit to		
Name of Account Owner:	Account Number:	Routing Number:
Address:		
Telephone Number:	Type of Account: <input type="checkbox"/> Checking (check needed check) <input type="checkbox"/> Savings	
Name of Financial Institution:		

By signing this form, I authorize the Company to deposit funds by electronic funds transfer to the account and financial institution reflected on this form. I further authorize the financial institution to debit my account and to refund any overpayment made by the Company. This authorization will remain in effect until the Company receives written notification of each change, in sufficient time to act.

6. Additional Instructions:

Annuity Surrender Withdrawal Request

RS Peters



Annuity Surrender Withdrawal Request:

Decoding **Annuity Surrender Withdrawal Request**: Revealing the Captivating Potential of Verbal Expression

In an era characterized by interconnectedness and an insatiable thirst for knowledge, the captivating potential of verbal expression has emerged as a formidable force. Its capability to evoke sentiments, stimulate introspection, and incite profound transformations is genuinely awe-inspiring. Within the pages of "**Annuity Surrender Withdrawal Request**," a mesmerizing literary creation penned by a celebrated wordsmith, readers embark on an enlightening odyssey, unraveling the intricate significance of language and its enduring impact on our lives. In this appraisal, we shall explore the book's central themes, evaluate its distinctive writing style, and gauge its pervasive influence on the hearts and minds of its readership.

<https://matrix.jamesarcher.co/public/virtual-library/HomePages/Creative%20Writing%20Prompts%20Kids%20Framework.pdf>

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