

Contract Number: \_\_\_\_\_  
 Owner: \_\_\_\_\_ Joint Owner: \_\_\_\_\_  
 Owner SSN or TIN: \_\_\_\_\_ Joint Owner SSN or TIN: \_\_\_\_\_  
 Owner's Telephone Number: \_\_\_\_\_ Joint Owner's Telephone Number: \_\_\_\_\_

**Note: Sections 1, 2 3 and 4 are required to be completed.** Systematic Withdrawals will be distributed via Electronic Funds Transfer (EFT) only unless annual payments are chosen. Minimum distribution via electronic funds is \$25.00. See the attached Automatic Deposit Authorization Agreement for more information.

**1. SYSTEMATIC WITHDRAWAL** (Select one for this section)

- Interest Earned – Include all prior earned interest \_\_\_\_ Yes or \_\_\_\_ No  
**Note: If no option elected the default is current interest only**
- Penalty Free Amount (amount will be recalculated each contract anniversary)
- Specified Amount \$ \_\_\_\_\_ per payment  
 please select : \_\_\_\_ Net Check \_\_\_\_ Gross Withdrawal  
**Note: If no option is selected then the default is a Gross Withdrawal**

**2. FREQUENCY OF PAYMENTS:** (Select one for this section)

- Monthly  Quarterly  Semi-Annually  Annually

Select date for payment to begin \_\_\_\_\_ MM/DD/YYYY

- Do not use the 29<sup>th</sup>, 30<sup>th</sup> or 31<sup>st</sup> day of the month.
- The above selected payment date is the date that the transaction will be processed in the Home Office, not the date that the funds will reach your account.
- A written request must be received to start, change or stop withdrawals under this option.

**Note: The electronic transfer of funds may take 2-3 business days to reach your account once funds are released from our office. This processing time is dependent on your bank.**

I understand that if the withdrawal(s) exceed my annual penalty-free amounts, the appropriate surrender penalty and/or Market Value Adjustment (MVA) will apply. Distributions prior to age 59½ may also be subject to IRS premature distribution penalties. I further acknowledge that EquiTrust Life has made no representations that the above distribution will fulfill my specific tax obligations. Refer to contract for additional information. I understand that I am subject to mandatory federal withholding of 20% on any funds eligible for a qualified rollover.

**Per your contract, we may treat a partial surrender that causes your contract's value to be less than \$2,000 as a full surrender.**

**3. TAX WITHHOLDING ELECTION**

**Note: If a withholding option is not selected, a 10% federal income tax will be automatically withheld. Certain states require the Company to withhold state income taxes. If you live in one of those states, state income tax will be withheld from your distribution in addition to any federal tax withholding.**

- Do not withhold Federal or State Taxes
- Federal Income Tax - withhold a flat amount of \$ \_\_\_\_\_ or a specific percentage \_\_\_\_\_%
- State Income Tax - withhold a flat amount of \$ \_\_\_\_\_ or a specific percentage \_\_\_\_\_%.

If you do not elect withholding, or if you do not have enough tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You may also be subject to tax penalties if your payments of estimated tax and withholding are inadequate. Subject to specific exceptions under the Internal Revenue Code, any taxable distributions from an annuity contract prior to age 59 ½ may be subject to a 10% excise tax.

**4. ACCOUNT ELECTION FOR DISTRIBUTIONS (OPTIONAL)**

If you are requesting a distribution from an EquiTrust Life **Index Annuity** and would like to direct us to take the distribution(s) from a particular account or accounts, complete this section. Withdrawals will be taken on a pro-rata basis from the account(s) selected below. Please note: If you do not complete this section, withdrawals will be made on a pro-rata basis from all allocated accounts. This election will apply to all future systematic withdrawals, except Interest Only, which are only allowed from the Fixed Account/1-year Interest Account. **Please indicate which account(s) your distribution(s) should be taken from:**

**CERTIFICATION**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (TIN) (or I am waiting for a number to be issued to me), 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 as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions:** You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA) and, generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

**4. SIGNATURE AND AUTHORIZATION**

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

I understand that all changes are subject to the terms of my annuity contract and acceptance by the Company and that upon acceptance, changes become part of my annuity contract. I understand that the Company and its representatives cannot give legal, tax, or accounting advice and that I am solely responsible for all tax obligations arising from this transaction and for compliance with all applicable laws and regulations.

Under penalties of perjury, I certify that the number shown on this Service Request is my correct taxpayer identification number (or I am waiting for a number to be issued to me).

**Note: If the owner resides in a Community Property State, which could be subject to change, (currently AK, AZ, CA, ID, LA, NM, NV, TX, WI or WA), the owner’s spouse must also sign the Systematic Withdrawal Form.**

**Unless the Insurance Company has been notified of a community or marital property interest in this contract, the Insurance Company will rely on its good faith belief that no such interest exists and will assume no responsibility for inquiry.**

Signature of Owner or Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Joint Owner (If Applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature (If Applicable): \_\_\_\_\_ Date: \_\_\_\_\_

**If your address information has changed with EquiTrust in the last 30 days**, then this form must be signed in the presence of a Notary Public. Please complete the Service Request form for the address change information. The Notary Public must witness and sign below.

State of \_\_\_\_\_ )  
 ) SS.  
County of \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned, a Notary Public in and for the State of \_\_\_\_\_, personally appeared \_\_\_\_\_, to me known to be the person named in and who executed the foregoing Certification, and acknowledged that he/she executed the same as his/her voluntary act and deed.

\_\_\_\_\_  
Notary Public\* Signature

\*Note: Per EquiTrust Life Insurance Company Business Guidelines, agents may not act as notary on client’s financial transactions.

(Affix Notary's Stamp or Seal Here)

My commission expires \_\_\_\_\_



# AUTOMATIC DEPOSIT AUTHORIZATION AGREEMENT

Owner/Joint Owner: \_\_\_\_\_ Contract Number (if known): \_\_\_\_\_

Contract type:  Deferred Annuity Contract  Single Premium Immediate Annuity

**NOTE: Amounts greater than \$50,000 must be distributed via check.**

## AGREEMENT

I hereby authorize EquiTrust Life Insurance Company® to make deposits to my account and for the Financial Institution named below to accept these deposits. I also authorize EquiTrust to make withdrawals from this account in the event that a credit entry is made in error.

This authority is to remain in full force until EquiTrust has written notification from me of its termination in such time and in such manner as to afford EquiTrust a reasonable opportunity to act on it.

Bank Account Owner Name: \_\_\_\_\_ Joint Bank Account Owner Name \_\_\_\_\_

Owner Social Security Number: \_\_\_\_\_ Joint Social Security Number: \_\_\_\_\_

Bank Account Owner Signature: \_\_\_\_\_ Joint Bank Account Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

EquiTrust Contract Owner Signature: \_\_\_\_\_

EquiTrust Contract Joint Owner Signature: \_\_\_\_\_

**THE ACCOUNT MUST BE A REGULAR CHECKING OR SAVINGS ACCOUNT  
NOTE: Money Market and Brokerage Accounts are not acceptable.**

Account Information:  Checking  Saving

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Financial Institution Routing Number (9 digits) : \_\_\_\_\_

Account Number: \_\_\_\_\_

**Note: The electronic transfer of funds may take 2-3 business days to reach your account once funds are released from our office. This processing time is dependent on your bank.**