

MATURITY SETTLEMENT OPTION FORM

Washington National Insurance Company
P.O. Box 2022
Carmel, IN 46082-2022
(800) 866-9922

Contract/Policy Number _____

Annuitant/Insured _____ Owner _____

Street Address _____

City _____

State _____ Zip Code _____

Daytime Phone (____) _____ e-mail Address _____

Please select one of the following payment options:

☐ Lump sum payment

☐ Life Annuity with 120 Monthly Installments Guaranteed
Copy of Drivers License or Birth Certificate is Required for this Option

☐ Installments for a Specified Period
Select Period (1-30 Years) _____ Years
Select Mode (Check One) ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

☐ Installments for a Specified Amount
Select Amount (Minimum of \$20.00) _____
Select Mode (Check One) ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

☐ Other Settlement Option Contained in Contract* _____

*Your contract may contain additional settlement options. If selecting this option, please include the specific payment method you are selecting. If you do not specify your settlement election, the default settlement option in your contract may be used. A copy of your drivers license or birth certificate is required for this option.

FOR CALIFORNIA RESIDENTS ONLY - Where a lump sum payment is requested, the undersigned expressly waives all protection under California Civil Code §1542. It is the undersigned's intention to fully, finally, and forever settle and release the Company for all matters relating to the transaction(s) herein described. In furtherance of this intention, the release herein given shall be and remain in effect as full and complete notwithstanding the discovery or existence of any additional or different claims or facts.

FEDERAL INCOME TAX WITHHOLDING/IRS CERTIFICATION

Per Internal Revenue Service (IRS) requirements, any taxable portion of your distribution is subject to federal income tax withholding, unless you elect otherwise. If you elect NOT to have withholding apply, or if you do not have enough federal income tax withheld, you are still responsible for payment of federal income tax. You may incur penalties under the Estimated Tax Rules if the withholding and estimated tax payments are not sufficient. **NOTE: Withholding is automatic if no election is made.**

- ☐ I **DO NOT** want Federal income taxes withheld from my distribution.
- ☐ I **DO** want Federal income taxes withheld from my distribution: \$_____.00—or- _____ % of the taxable amount.

Taxpayer Identification Number: Social Security Number ____-____-____ OR EIN ____-____

CERTIFICATION – Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (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 IRS that I am subject to back 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 back up withholding. And
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instruction: You must cross out item 2 above if you have been notified by the IES that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Your signature at the bottom of this form certifies that you have read and attest to the information provided.

NOTE: You are liable for Federal/State taxes on the taxable portion of your benefits. If your resident state has mandatory withholding requirements the Company will apply the appropriate tax withholding amounts.

The IRS does not require your consent to any provision of this document other than the Certifications required to avoid backup withholding. **The persons signing this form affirm under penalty of perjury that they are authorized to execute this document.**

Please check one of the following(Except for Annuity Riders):

___ The original contract/policy has been enclosed with this form.

___ Certificate of Lost Contract/Policy: I certify that the contract/policy identified has been lost or destroyed and, to the best of my knowledge, is not in anyone's possession. If the original should be found or come into my possession, I will return it to the Company, its successors or assignees. It is understood and agreed that the original contract/policy or certificate shall become null and void.

Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that no such interest exists and assumes no responsibility for inquiry. The insured and/or policyowner signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

OWNER SIGNATURE

SOCIAL SECURITY NUMBER

DATE

JOINT OWNER SIGNATURE (if applicable)

SOCIAL SECURITY NUMBER

DATE

NO AGENT OR COMPANY REPRESENTATIVE IS AUTHORIZED TO ALTER THE TERMS OF THE CONTRACT OR BIND THE COMPANY.

Insurers and their representatives are not permitted by law to offer tax or legal advice. The general and educational information here was written to support the sales, marketing or service of insurance policies. Based upon individuals' particular circumstances and objectives, they should seek specific advice from their own qualified and duly-licensed independent tax or legal advisors.