

PRE – 59 ½ DISTRIBUTION REQUEST

CONTRACT NUMBER _____ OWNER _____

STREET ADDRESS _____ ☐ Is this Address for this request only?

CITY _____ ☐ Is this a Permanent Address?

STATE _____ ZIP CODE _____

DAYTIME PHONE# () _____ E-mail Address _____

I wish to take a series of "Substantially Equal Periodic Payments" from my annuity contract. These payments are intended to exempt from penalty taxes under section 72(q) or (t) of the Internal Revenue Code.

Sections 72(q) and 72(t) of the Internal Revenue Code impose a 10% penalty tax on premature distributions made from tax deferred annuity contracts. A premature distribution is a distribution made to a recipient who is younger than age 59 ½. Section 7(q) imposes the tax on "non-qualified" annuities; Section 72(t) imposes the tax on "qualified" annuities, including 403(b) and Individual Retirement Annuities (IRA's).

Both 72(q) and 72(t) allow for a number of exceptions under which the 10% penalty tax will not be imposed, among those exceptions are distributions which are part of a series of "substantially equal periodic payments." Generally, substantially "Equal periodic payments" must:

1. Be made NO LESS FREQUENTLY THAN ANNUALLY.
2. Continue to the LONGER OF (a) 5 YEARS, OR (b) UNTIL THE RECIPIENT REACHES AGE 59 ½;
3. Be based on the life or life expectancy of the recipient (scheduled payments must be calculated in a manner allowing for continuation of PAYMENTS FOR THE DURATION of the recipient's life expectancy under "reasonable" mortality assumptions).
4. Be calculated in a manner which assumes NO MORE THAN A "REASONABLE" LEVEL OF INTEREST OF INVESTMENT RETURN.

As a service to you, we will perform calculations which establish a schedule of periodic (monthly, quarterly, semi-annual or annual) payments which are intended to meet the requirements above. If you would like us to make these calculations for you or if you provide the payment amount based on your own calculations, please read the following statements. If you agree with the statements, provide your signature in the space indicated and complete the remainder of the form.

I have consulted a tax or investment adviser, pursuant to which I am requesting that calculations be made in order to establish a schedule of "substantially equal periodic payments" which will be paid to me as contemplated under the section 72(q) or 72(t) of the Internal Revenue Code. In making this request, I understand and agree with the following statements:

- No guarantee is made that any interest rate (not to exceed 9%) or mortality assumption will be viewed as "reasonable" by the Internal Revenue Service.
- Any failure to observe the requirements associated with "substantially equal periodic payments" will result in imposition of the 10% penalty tax on all payments previously received, plus interest.
- The Insurer will not be held liable for any unfavorable tax consequences arising as a result of my election to make "substantially equal periodic payments." And
- Surrender charges may, if otherwise applicable, (consult your contract for information concerning surrender or other charges) be deducted from my annuity when distributions are made.

Please select one option. (See reverse side for explanation of calculations.)

- ☐ I wish to make a withdrawal of the following amount \$ _____ each payment. This amount is based on 72(q)(t) calculations performed by my tax advisor/accountant.
- ☐ Please calculate and pay a withdrawal amount under the Amortization method described in IRS Notice 89-25, using my age and Interest rate of _____ % (0-9%, if left blank, 0% will be used.)
- ☐ Minimum Distribution Method (Recalculated)
- ☐ Mortality Method

Please select one mode

- ☐ Contracts other than Multibucket, Multibucket Plus, Multibucket II and Platinum Strategies *
- ☐ Monthly ☐ Quarterly ☐ Semi-annual ☐ Annual
- ☐ Multibucket and Multibucket Plus – **Annual Only**

MultiBucket, MultiBucket Plus, Conseco Liberty, Conseco 7, Conseco Patriot, The Annuity Edge, Retirement Edge, Educators' Choice Index, Command, and Retirement Income Solutions Only Strategy/Credit Option Selection (use dollar amount or percentage)

MultiBucket & MultiBucket Plus

____ Guaranteed One Year Strategy
____ Investment Grade Bond Strategy

____ Convertible Bond Strategy
____ Pro Rata

Conseco Liberty, Conseco 7, Conseco Patriot, The Annuity Edge, Retirement Edge, Educators' Choice Index, Command, or Retirement Income Solutions Contract ONLY Credit Option Selection (use whole dollar amount or percentage)

____ Credit Option A ____ Credit Option D ____ Credit Option G ____ Credit Option J
____ Credit Option B ____ Credit Option E ____ Credit Option H ____ Pro Rata
____ Credit Option C ____ Credit Option F ____ Credit Option I

The Minimum modal installment is \$100. If the mode selected falls below the minimum, the next mode will automatically be selected for you.

Withholding Election and Taxpayer Certification (Substitute IRS form W-9)

Tax deferred earnings and any pretax premiums paid into an annuity contract are taxable when the contract is surrendered. You are liable for Federal/State income taxes on the taxable portion of your benefits. Unless you tell us otherwise, Federal/State income taxes will be withheld where applicable. If you elect not to have withholding apply or if you do not have enough Federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Spousal beneficiaries may be subject to mandatory 20% withholding on Tax Sheltered Annuity (403(b) and pension contracts). NOTE: REGULAR FEDERAL WITHHOLDING IS AUTOMATICALLY 10% IF NO ELECTION IS MADE ON LUMP SUM PAYMENTS. STATE WITHHOLDING WILL BE BASED UPON STATE SPECIFIC REQUIREMENTS. Note: The election below may not be valid in those states that have mandatory withholding. Also, if you are a non-resident alien, you must complete form W-8BEN instead of making this election and completing the Taxpayer certification.

If you do not want withholding to occur, where opting out is permitted, please indicate such by making the appropriate selections below:

Check One: a) ____ I **do not** want Federal/State income tax withheld from my payment
 b) ____ I **do** want Federal/State income tax withheld from my payment

Note: If you wish a specific amount or percentage to be withheld, please indicate in the spaces below. We will honor your request if your state requires us to withhold state income tax and if your request does not conflict with applicable federal or state law.

Specified Federal Tax Election \$ ____ or ____ %
Specified State Tax Election \$ ____ or ____ %

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 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. 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 IRS 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 to U.S. Resident Aliens who formerly were Nonresident Aliens:

If there is a tax treaty between the U.S. and, your country and it contains a "saving clause" to exempt certain types of Income from U.S. tax even after you have become a Resident Alien, and you want to claim that exemption, fill out all of the form above AND attach a page showing:

1. The treaty country.
2. The treaty article about the income.
3. The article number for the "saving clause."
4. The type and amount of income that qualifies for the saving clause.
5. Facts that provide a sufficient explanation of why the saving clause applies,

I hereby select the option indicated above as the payment method to be used for this contract. I understand that in making this election, I waive any right to any other payment option. I agree that payment to me by the Company under the option which I have selected discharges and releases the Company from any liability for the amount paid.

THE FORM MUST BE COMPLETED AND SIGNED BY THE PERSON OR PERSONS, WHO, UNDER THE TERMS OF THE CONTRACT, HAVE THE RIGHTS OF OWNERSHIP,

Contract Owner's Signature _____ Date _____

Contract Owner's Social Security Number ____ -- ____ -- _____

Spouse's Signature (community property) _____

Spouse's Social Security Number ____ -- ____ -- _____

COMMUNITY PROPERTY STATES

If you currently reside in one of the following States (or **Puerto Rico**) please complete the additional information below:

Arizona
California
Idaho

Louisiana
New Mexico
Nevada

Texas
Washington
Wisconsin

1. If you have **never been married**, please acknowledge by signing here:

Signature

Date

2. If you are **currently married**, your spouse can consent to the transaction by signing here:

Spouse's Signature

Date

3. If your **spouse is deceased**, please attach a copy of the death certificate.

4. If you are **divorced**:

(A) and the policy was included in the Divorce Decree or Property Settlement Agreement and was awarded to you, please attach a certified copy of the document. Spouse's consent not required.

(B) and the policy was not included in the Divorce Decree or Property Settlement Agreement, it will be necessary for your ex-spouse to consent by signing here.

Ex-Spouse's Consent

Ex-Spouse's Signature

Date

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 agrees to indemnify and hold the Company harmless from the consequences of accepting this transaction.

CALCULATION METHODS

AMORTIZATION METHOD:

Payment amounts are determined by amortizing the total Contract Value over the number of years equal to the annuitant's life expectancy. This method provides level payments throughout the distribution period. Depending on the annuitant's age, these payments may be two or three times higher than the Minimum Distribution Method.

MINIMUM DISTRIBUTION METHOD:

Payment amounts are determined by dividing the Contract Value on December 31 of each year by the number of years equal to the annuitant's current life expectancy. Since life expectancy changes every year, the payment amounts will also change.

MORTALITY METHOD:

Payments are calculated using a life-only annuity factor, which is determined at the age at which payments begin. This also provides level payments, which are approximately 10% higher than the Amortization method. (Note: If December 31 values are not available to us, we will calculate payment amount using the balance available as of the payment starting date.)

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