
SYSTEMATIC WITHDRAWAL REQUEST

CONTRACT NUMBER _____ OWNER _____

ADDRESS _____

DAYTIME PHONE # () _____

SYSTEMATIC WITHDRAWAL: (Subject to availability)

I wish to receive income via Systematic Withdrawals from the above named annuity with payments beginning

_____ and paid at the following intervals **(choose only one mode)**
Month/Year

☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

The payment amount should be based on one of the following calculations **(choose only one option)**

- ☐ SYSTEMATIC WITHDRAWAL of interest only
- ☐ SYSTEMATIC WITHDRAWAL of fixed amount \$ _____
- ☐ SYSTEMATIC WITHDRAWAL of fixed percentage % _____ of Account Balance (amount recalculated each policy anniversary, and split among all checks)
- ☐ SYSTEMATIC WITHDRAWAL of penalty free amount _____ (amount recalculated each policy anniversary, and split among all checks)

If you are electing systematic withdrawals the following should be noted:

1. Your contract must be in force a full mode of payment before your interest payments will begin, therefore, the amount of your first payment could be for more than one mode of payment.
2. Payments under the Fixed Amount or Fixed Percentage option may result in reduction of the original principal. This plan may only be changed once each policy year.
3. The minimum modal installment is \$100 (\$50 for Conseco Liberty, Conseco 7, and Conseco Patriot, The Annuity Edge, Retirement Edge, Educators' Choice, Command, and Retirement Income Solutions). If the mode selected falls below the minimum, the next mode will automatically be selected for you.

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

I understand that if withdrawals exceed my annual penalty-free amounts, subsequent checks will be reduced by the appropriate surrender penalty. Systematic Withdrawals will be deemed as interest first and as such reported as taxable income. Distributions prior to my age 59 ½ may also be subject to IRS distribution penalties. I further acknowledge that the Company has made no representations that the above distribution schedule will fulfill my specific tax obligations. I understand that Systematic Withdrawals are considered to fulfill my penalty free withdrawal option (if allowed by contract). Any other partial withdrawals could and will be assessed a surrender penalty which could also cause future systematic withdrawals to be assessed a penalty.

ELECTION OF ELECTRONIC FUNDS TRANSFER (not available for Conseco Liberty, Conseco 7, Conseco Patriot, The Annuity Edge, Retirement Edge, or Educator's Choice)

☐ I elect to have my funds sent via Electronic Funds Transfer ☐ Checking ☐ Savings

Name of Financial Institution

Address of Financial Institution

City, State, Zip

Account Number

Transit/Routing Number

You must attach a voided check/deposit slip for routing number verification.

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.

The undersigned requests that the above-listed systematic withdrawal be paid to the contract owner. The undersigned understands that upon receipt of this request for systematic withdrawal, the Company's only liability under the amount requested as a systematic withdrawal is to be for the remaining cash surrender value of the policy after the systematic withdrawal and any applicable surrender charges. The undersigned understands that such payment shall terminate all rights of coverage pertaining to the amount of the systematic withdrawal and will be in full settlement, release, and discharge of all claims and obligations under the policy.

FOR CALIFORNIA RESIDENTS ONLY – In addition to the above for systematic withdrawals, the undersigned expressly waives all protection under California Civil Code 1542. It is the undersigned's intention of 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.

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

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

Contract Owner's Signature _____ Date _____

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

Joint Contract Owner's Signature _____

Joint Contract Owner'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 contract owner signing this form agrees to indemnify and hold the Company harmless from the consequences of accepting this transaction.

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

[If your policy is a TSA/403(b), you must also submit form AA103.]