

# REQUEST FOR FINANCIAL SERVICE FIXED ANNUITIES

## HOW TO CONTACT US

☎ 800-369-5303

🏠 699 Walnut Street STE. 1350, Des Moines, IA 50309-3942

🌐 www.venerable.com

Form Submissions: \_\_\_\_\_

✉ PO Box 9271, Des Moines, IA 50306-9271

📞 515-446-2498

✉ service@venerable.com

Venerable Insurance and Annuity Company ("VIAC")  
Voya Retirement Insurance and Annuity Company\*  
ReliaStar Life Insurance Company\*  
ReliaStar Life Insurance Company of New York\*  
Security Life of Denver Insurance Company\*

*\*VIAC provides administrative services for these companies.*

## INSTRUCTIONS (One of the following options must be checked and the appropriate sections completed.)

- Additional Payments**, complete sections 1, 2 and 9.
- Direct Deposit Information**, complete sections 1, 6 and 9.
- Partial Withdrawal**, complete sections 1, 3, 5, 6, 7, and 9.
- Cash Surrender**, complete sections 1, 3, 5, 6, 7, and 9.
- Systematic Withdrawal**, complete sections 1, 4, 5, 6, 7, and 9.

### Section 8 must be completed if you have made a choice in section 5B - 403(b) Contracts.

- Refer to your contract for restrictions, limitations, fees and other details about your request.
- We will process your request once we receive this form in good order. Good order is defined as receipt of any required information at Customer Service, accurately and entirely completed, with signatures of the owner and joint owner (if applicable).
- Some requests may require multiple signatures.
- If additional space is required to fulfill your request, please attach another piece of paper and include your signature and the date.

## 1. CONTRACT INFORMATION

Owner Name \_\_\_\_\_ Contract # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

SSN \_\_\_\_\_ Email \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_

Joint Owner Name (if applicable) \_\_\_\_\_

Joint Owner SSN \_\_\_\_\_ Joint Owner Email \_\_\_\_\_

Joint Owner Mobile Phone \_\_\_\_\_ Joint Owner Alt. Phone \_\_\_\_\_

Annuitant Name (if different than owner) \_\_\_\_\_

Annuitant Name (if different than owner) \_\_\_\_\_

### CONTRACTS WITH LIVING WITHDRAWAL BENEFIT RIDERS:

For a contract with a living withdrawal benefit rider, (e.g., IncomeProtector Minimum Guarantee Withdrawal Benefit, Joint IncomeProtector Minimum Guarantee Withdrawal Benefit, myIncome Single Withdrawal Benefit Rider, myIncome Joint Withdrawal Benefit Rider, Wealth Builder Plus) a withdrawal in excess of the current Maximum Annual Withdrawal (MAW) may cause a pro-rata reduction of the rider's guaranteed withdrawal benefit base and may cause the MAW to be recalculated. If you would like to make a withdrawal in excess of the MAW and are uncertain how it will affect your living withdrawal benefit rider in the future, then you may contact us prior to requesting the withdrawal to obtain a personalized transaction calculation showing the effect of the withdrawal. Please see your contract and living withdrawal benefit rider for more information regarding the impact of withdrawals.

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## 2. ADDITIONAL PAYMENTS

Please include a voided check and verify all banking information prior to submission.

If funds are being deducted from a savings account, you must submit a letter from the bank (on bank letterhead) that includes verification of the bank routing/ABA number, bank account number, and bank account owner's name.

I hereby authorize the Company to initiate a debit entry(ies) to the account indicated and in the amount and frequency listed below. This authorization shall remain in force until I give the Company written notice of termination of this authorization. I understand and agree that I will indemnify the Company for any costs it incurs should there be insufficient funds in the below listed account.

**One Time Additional Payment**

Amount \$ \_\_\_\_\_  IRA Contribution for year \_\_\_\_\_ **OR**  IRA Rollover

Payment enclosed  Receiving funds from a prior company

Any Additional Premium payments will be applied in the same proportion to the elected Strategies as the Premium Election Percentage or Percentage of Initial Premium shown in the Contract Schedule and in any Riders or Endorsements attached to this Contract, unless otherwise directed.

**Systematic Additional Payment (Preauthorized Payment Plan)**

Deduction Frequency (Check one):  Monthly  Quarterly  Annually

Amount \$ \_\_\_\_\_ Start Date (mm/dd/yyyy) \_\_\_\_\_  
(Start Date must be between the 1st and 28th of the month)

Bank Account Owner Name \_\_\_\_\_

Joint Bank Account Owner Name (if applicable) \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Routing/ABA # \_\_\_\_\_ Bank Phone \_\_\_\_\_

Bank Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Bank Account # \_\_\_\_\_ Bank Account Type:  Checking  Savings

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## 3. PARTIAL WITHDRAWALS AND CASH SURRENDERS

**NOTE: If the total disbursements in a contract year are higher than the Surrender Charge Free Amount, you may incur a surrender charge; a Market Value Adjustment (MVA) and a bonus recapture may be assessed if applicable to your contract. If applicable to your contract, any withdrawal will reduce the living withdrawal benefit amount and the death benefit amount.**

**Cash Surrender** (Select this option to surrender the entire contract.)

Process full contract surrender

**Partial Withdrawal** (Minimum \$600)

Select one withdrawal option:

**Specified payment** \$ \_\_\_\_\_

Gross<sup>1</sup>: Income tax will be deducted out of the requested amount.

Net<sup>1</sup>: Income tax will be added to the requested amount (Not available for percentage withdrawals).

If no option is selected, the payment will be processed as gross.

**Specified percentage** \_\_\_\_\_%

**Surrender Charge Free Amount**

**Interest Withdrawal Amount** (Not available with all products)

If you have a living withdrawal benefit rider you must indicate if this partial withdrawal is a maximum annual withdrawal (MAW) or non-MAW. Please refer to your rider and disclosure statement to determine if this option is available. A MAW selection will result in the rider entering the withdrawal phase.

MAW  Non-MAW (If no option is selected, then the payment will be processed as MAW.)

<sup>1</sup>Any applicable charges or fees will be deducted from the remaining accumulation value. Please refer to the contract for further details regarding the transaction and any charges or fees that may be assessed.

### 3. PARTIAL WITHDRAWALS AND CASH SURRENDERS *(continued)*

**RenewalFlex Feature Rider (Waiver Rider)** *(Must be exercised within 30 days of notification. Not available with all products.)*

If you received notification from us that all or a portion of your accumulation value is eligible for withdrawal under your contract's waiver rider, then complete the following information if you would like to exercise the rider.

Strategy Name	Withdrawal Amount
	\$
	\$
	\$

### 4. SYSTEMATIC WITHDRAWALS

The minimum withdrawal amount is \$25. Effective dates should be between the 1st and 28th of the month. Electing your contract anniversary date for beginning effective date may negatively impact other benefits of your contract. If you do not supply the beginning effective date below, the effective date will be the calendar day following your contract date or the date received in good order, whichever is later.

**NOTE:** If the total disbursements in a contract year are higher than the Interest Withdrawal Amount/Surrender Charge Free Amount, you may incur a surrender charge; a Market Value Adjustment (MVA) and a bonus recapture may be assessed if applicable to your contract. If applicable to your contract, any withdrawal will reduce the living withdrawal benefit amount and the death benefit amount. For a contract with a living withdrawal benefit rider, systematic withdrawals are not permitted as non-MAW withdrawals. Withdrawals may reduce the death and/or living benefit amounts.

Frequency:  Monthly  Quarterly  Semi-Annually  Annually Beginning Effective Date (mm/dd/yyyy) \_\_\_\_\_

Select one withdrawal option:

- Specified payment** \$ \_\_\_\_\_
- Gross<sup>1</sup>: Income tax will be deducted out of the requested amount.
  - Net<sup>1</sup>: Income tax will be added to the requested amount *(Not available for percentage withdrawals)*.
- If no option is selected, the payment will be processed as gross.
- Specified percentage** \_\_\_\_\_ % *(Only available with an annual frequency)*
- Surrender Charge Free Amount**
- Interest Withdrawal Amount** *(Not available with all products)*
- Maximum Annual Withdrawal (MAW)** *(Only available for contracts with a living withdrawal benefit rider. Please refer to your rider and disclosure statement for more details.)*

<sup>1</sup>Any applicable charges or fees will be deducted from the remaining accumulation value. Please refer to the contract for further details regarding the transaction and any charges or fees that may be assessed.

### 5. REASON FOR DISTRIBUTION

**5A. All Contracts Other than 403(b) Contracts:** *(Select one option below)*

- Normal Distribution:** Includes minimum distributions for IRAs. Contract/certificate owner is at least age 59½.
- Distribution from an Inherited Contract:** Any withdrawal from a decedent account
- Excess Contributions Plus Earnings:** IRA only. Please state tax year \_\_\_\_\_.
- Premature Distribution:** Contract/certificate owner has not reached age 59½. *(Subject to 10% penalty assessed by the IRS)*

**5B. 403(b) Contracts:** *(Select one option below)*

- Normal Distribution:** Contract/certificate owner is at least age 59½.
- Disability:** We will not code a 1099-R with a distribution code "3." Please work with a tax professional to report the distribution correctly.
- Separation from Service:** Contract/certificate owner is no longer employed at the institution through which he or she contributed to the annuity.
- Plan Termination:** The Company must have prior notice of your Employer's intent to terminate the 403(b) plan.
- Financial Hardship:** These are the only reasons allowed for a financial hardship withdrawal: *(Withdrawals are allowed from contributions only.)*

- \* Unreimbursed medical expenses incurred by you, your spouse or your dependent(s).
- \* The purchase (excluding mortgage payments) of your principal residence.
- \* Payment of college tuition and related educational expenses for the next 12 months for you, your spouse or your dependent(s).
- \* Prevention of eviction from your principal residence or foreclosure on the mortgage of your principal residence.
- \* Payment of funeral expenses of a family member.

**6. PAYMENT OPTIONS** (Select one. If a payment option is not selected and Brokerage Direct was not previously elected, funds will be mailed to the address of record unless direct deposit was previously established and then funds will be sent per the banking instructions previously received.)

Direct deposits to a United States financial institution. (Bank account ownership must match contract ownership.)  
You authorize us to initiate credit entries to the account indicated on the attached voided check. You also authorize the financial institution to credit funds to this same account. This authorization shall remain in force until we receive notification from you to terminate this service. Requests received at least 7- 10 business days prior to a scheduled withdrawal date will be deposited directly into this designated account.

Bank Account Owner Name \_\_\_\_\_

Joint Bank Account Owner Name (if applicable) \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Routing/ABA # \_\_\_\_\_ Bank Phone \_\_\_\_\_

Bank Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Bank Account # \_\_\_\_\_ Bank Account Type:  Checking  Savings

Brokerage Direct. If your Broker-Dealer participates in this program, you authorize the Company to send funds to your existing brokerage account on your behalf. This authorization will stay in force until you contact the Company to discontinue it. If your Broker-Dealer is not participating, funds will be mailed to the address of record unless direct deposit was previously established and then funds will be sent per the banking instructions previously received.

Check payable to the owner and mailed to the address of record.

Check payable to another party or to the owner at an alternate address. (Signature guarantee or notarized signature may be required)

Payee Name \_\_\_\_\_

Payee Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Optional Overnight: Check sent overnight to the owner for a \$20 deduction from the disbursement. Overnight mailing of the disbursement does not change the normal processing time, and a valid street address is required to be listed as the address of record on the contract.

**7. TAX WITHHOLDING**

Regardless of whether or not federal or state income tax is withheld, you are liable for taxes on the taxable portion of the payment. If you do not have a sufficient amount withheld, you may be subject to tax penalties under the Estimated Tax Payment rules. An election made for a single non-recurring distribution applies only to the payment for which it is being made. For recurring payments, your withholding election will remain in effect until it is changed or revoked. You may change or revoke your election at any time prior to a payment being made by submitting IRS form W-4P.

**Eligible rollover distribution—20% withholding:** Distributions from your **403(b) or Governmental 457** that are eligible to be rolled over tax free to an IRA or another qualified plan are subject to a flat 20% federal withholding rate. The 20% withholding rate is required, and you cannot choose not to have income tax withheld from eligible rollover distributions. You may elect withholding in excess of the mandatory 20% rate.

**Non-periodic payments – 10% withholding:** Non-periodic, non-rollover eligible payments from pensions, annuities, IRA's and life insurance contracts are subject to a flat 10% federal withholding rate unless you choose not to have federal income tax withheld. These include for example, required minimum distributions, hardship withdrawals, and distributions from IRA's that are payable on demand. You can choose not to have withholding applied to your non-periodic distribution by checking the applicable box below. You may also elect withholding in excess of the flat 10% rate.

**Periodic payments:** Withholding from periodic payments of a pension or annuity that are not rollover eligible is figured in the same manner as withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. You may elect out of withholding. If you do not elect out, withholding from your periodic payment will be based on the marital status and withholding allowances you specify below. You may also elect an additional amount to be withheld from your payment. If you do not make an election, withholding will occur at a rate equal to an election of "Married with 3 withholding allowances". *Note: Periodic payments made from qualified retirement plans that are not based on life expectancy and are expected to last less than 10 years remain rollover eligible and are subject to the mandatory 20% withholding described above.*

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**7. TAX WITHHOLDING** *(continued)***FEDERAL WITHHOLDING INSTRUCTIONS:**

- I do not want to have federal income tax withheld from my distribution.
- I would like to have the following federal income tax withheld from my distribution: \$ \_\_\_\_\_ or \_\_\_\_\_%.

**Marital Status:**  Single  Married  Married, but withhold at higher "Single" rate

**Total number of Allowances:** \_\_\_\_\_

Notices: U.S. persons having their payment delivered outside the U.S. or its possessions may not make an election of NO withholding. In this case, if you choose no withholding, the default rate will be applied. Non-Resident Aliens are subject to a mandatory 30% withholding rate unless they are eligible for a reduced rate or exemption under a tax treaty and the required documentation is submitted. **If no election is made, the default rate will be applied.**

**STATE WITHHOLDING INSTRUCTIONS:**

My residence state for tax purposes is \_\_\_\_\_ *(If your current physical and/or mailing address is outside of your state of legal residence for tax purposes, please enter your tax state here. If no U.S. state or territory is on record and one is not specified, we will presume this income is not reportable to any U.S. state or territory.)*

- I do not want to have state income tax withheld from my distribution.
- I would like to have the following state income tax withheld from my distribution: \$ \_\_\_\_\_ or \_\_\_\_\_%.

If you make this election, a dollar amount or percentage must be specified and cannot be less than any required withholding. If you do not make an election or if your state requires a greater amount of withholding, we will withhold at the rate specified by your state of residence for the type of payment you are receiving. In some cases, your state specific withholding election form is required to opt out of withholding or to choose a rate other than the state's default rate. Refer to the attached State Income Tax Withholding Notification and/or your State Department of Taxation for details.

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**8. EMPLOYER, PLAN SPONSOR, NAMED FIDUCIARY OR THIRD PARTY ADMINISTRATOR AUTHORIZED SIGNATURE AND CERTIFICATION**

**If you have elected a distribution from your 403(b) in section 5B of this form, your employer or its designee must complete this section.**

As an employer, plan sponsor, named fiduciary or third party administrator of the plan identified above, I certify the following:

- I have read and agree to the terms of the requested withdrawal.
- I have verified the participant's eligibility for such withdrawal and have not relied solely on information provided by the participant in this form to make this determination.
- The requested benefits are permitted in accordance with the terms of the plan document.
- The information provided in this document is complete and accurate to the best of my knowledge. If any information provided by the participant to the Company is in conflict with the information provided by me to the Company, I acknowledge that the Company will rely conclusively on the information provided by me.
- I have modified my plan document in reference to the Pension Protection Act of 2006 as needed.

Employer Name \_\_\_\_\_

Authorized Signer Name *(please print)* \_\_\_\_\_

 Signature \_\_\_\_\_ Date \_\_\_\_\_

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**9. ACKNOWLEDGEMENT AND SIGNATURES**

I hereby acknowledge that distributions from either the original contract or the new contract during the 180 day period following a previous partial exchange may negate any previous partial exchanges. I acknowledge that I am advised to discuss any proposed 1035 exchange with my tax advisor prior to proceeding with the transaction.

I hereby certify that I have read and understand the terms of this form and that the information provided on this form is true and complete to the best of my knowledge, and I authorize the transactions requested.

**Please indicate below what type of advice you received in connection with the above requested transactions.**

***(Select one)***

- Producer/Agent Advised
- Self Advised (Owner Driven)
- Third Party/Other Advised

**9. ACKNOWLEDGEMENT AND SIGNATURES** *(continued)*

**U.S. TAXPAYER CERTIFICATIONS**

Under penalties of perjury, I certify that:

1. **The Taxpayer Identification Number that appears on this form is correct.**
2. **I am not subject to back-up withholding due to failure to report interest and dividend income;**  
 **If I am subject to backup withholding, I have checked here.**
3. **I am a U.S. person.**

**NON-RESIDENT ALIEN STATUS**

If you are a Non-Resident Alien, please check the box and provide your country of residence below.

Under penalties of perjury, I certify that I am a Non-Resident Alien and my country of residence is: \_\_\_\_\_.

The amount paid to you will be subject to 30% tax withholding unless you submit an IRS Form W-8 and are entitled to claim a reduced rate of withholding under the applicable U.S. tax treaty.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications (in bold above) required to avoid back-up withholding.**

 **Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

 **Joint Owner Signature** *(if applicable)* \_\_\_\_\_ **Date** \_\_\_\_\_

 **Custodian Signature** and Title \_\_\_\_\_ **Date** \_\_\_\_\_

**A signature guarantee or notarized signature is required in the following instance:**

- A valid signature of owner or power of attorney is not on file.
- Any payment of \$300,000 or more.
- Any payment made payable to a party other than the owner.
- Any payment \$100,000 or more and mailed to an address other than the address of record.
- Any payment mailed to the producer's address *(signature guarantee stamp required)*.

*(Notary date must match signature date above. Please print)*

Place signature guarantee or notary stamp here.

Venue \_\_\_\_\_

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public Name \_\_\_\_\_ ID# \_\_\_\_\_ Phone \_\_\_\_\_

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

Firm Name on Medallion \_\_\_\_\_ ID# \_\_\_\_\_ Phone \_\_\_\_\_

Affix your notary stamp, if state required, and/or medallion signature guarantee stamp above. An embossing notary seal is not required. Please note that this form may be imaged and your transaction may be delayed when the stamp is illegible on scanned documents. The servicing producer is not permitted to act as notary or signature guarantee.

# STATE INCOME TAX WITHHOLDING NOTIFICATION

## NOTIFICATION

If you are a resident of **Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Iowa, Kansas, Maine, Maryland<sup>1</sup>, Massachusetts, Michigan, Nebraska<sup>2</sup>, North Carolina<sup>3</sup>, Oklahoma, Oregon, Vermont, or Virginia<sup>1</sup>**, your state requires state income tax withholding on the taxable portion of your distribution from your 401, 403(b), 408 Individual Retirement or Governmental 457 Plan. This state income tax withholding is in addition to the mandatory 20% (or, in some cases, 10%) federal income tax withholding. Please note, when a state cost basis differs from federal, the federal cost basis will be used in determining taxability for state income tax withholding purposes.

- If you are a resident of **California** or **Oregon** state income tax withholding will be calculated unless you elect “out” of state income tax withholding.
- If you are a resident of **Arkansas, North Carolina<sup>3</sup>** or **Vermont**, state withholding will be automatically calculated when federal income tax withholding applies. If you do not elect “out” of 10% federal income tax withholding, you can still choose to elect out of state withholding. Requesting North Carolina withholding over mandatory amounts requires their Form NC-4P, Withholding Certificate for Pension or Annuity Payments.
- If you are a resident of **Iowa, Maine, Massachusetts, Nebraska<sup>2</sup>**, or **Oklahoma**, state income tax withholding will be automatically calculated as these states do not allow an election “out” of state income tax withholding when federal income tax withholding applies.
- If you are a resident of **Delaware, Kansas** or **Maryland<sup>1</sup>** and are subject to mandatory 20% federal income tax withholding, state income tax withholding will be automatically calculated. State withholding is not required when 10% federal income tax withholding applies.
- If you are a resident of **Virginia<sup>1</sup>** or **Michigan**, state income tax withholding will be calculated automatically **unless** you meet certain criteria and claim an exemption from withholding. To claim an exemption or to request withholding over mandatory amounts, complete Form VA-4P for Virginia or Form MI-W4P for Michigan, and return the appropriate form to us with, and to the same designated location as, your Withdrawal Request.
- If you are a resident of the **District of Columbia** and are receiving a total distribution of your account balance, state income tax withholding will be automatically calculated. State withholding is not required for partial distributions.
- If you are a resident of **Georgia** and are receiving periodic payments, state income tax withholding will be automatically calculated unless you elect out.
- If you are a resident of **Connecticut** and are receiving partial non-periodic payments, state income tax withholding will be taken at the highest marginal rate unless you claim exemption from withholding or request additional withholding by completing Form CT-W4P. If you are receiving a total payment of your account balance, state income tax withholding will be taken at the highest marginal rate unless you request additional withholding by completing Form CT-W4P. You cannot claim exemption from withholding for a total payment. If you are receiving a periodic payment, state income tax withholding will be taken at the highest marginal rate unless you complete Form CT-W4P. Form CT-W4P must be returned to us with, and to the same designated location as, your Withdrawal Request.

<sup>1</sup> *Maryland and Virginia state income tax withholding is not required for distributions from 408 Plans.*

<sup>2</sup> *Nebraska state income tax withholding is not required for premature distributions from 408 Plans.*

<sup>3</sup> *North Carolina does not apply to distributions from NC state and local government or federal retirement systems for those vested as of 8/12/89.*

**Important: State tax withholding rules can change, and the rules cited above may not reflect current state legislative requirements. Please consult with a tax or investment advisor to obtain the most up-to-date information.**

## **NOTICE REGARDING TRANSACTIONS ON NEW YORK-ISSUED CONTRACTS**

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**ReliaStar Life Insurance Company of New York  
Voya Retirement Insurance and Annuity Company**  
PO Box 9271, Des Moines, IA 50306-9271

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### **NOTE TO OWNER**

If your producer is providing a recommendation regarding this transaction, the producer is required to provide you with the relevant features of the contract and potential consequences of the transaction, both favorable and unfavorable.

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### **NOTE TO PRODUCER**

Before making any recommendation, you must have adequate knowledge of the transaction you're recommending and provide your client with the relevant features of the contract and potential consequences of the transaction, both favorable and unfavorable. If you have any questions about the contract or transaction prior to making a recommendation, please contact the Company.