



Periodic Distribution

(This form not to be used for 403(b) or 457 Annuities)

Service E-mail: lswservice@nationallife.com • Web Address: www.lsw.net

Service: 800-579-2878 • Fax No: 214-638-9162

A. Owner Information

Owner/Plan/Trust Name: _____

Policy/Certificate Number: _____

Owner's Social Security / Tax I.D. Number: _____

Joint Owner's Name: (If Non-Qualified only) _____

Mailing Address: (Street, City, State & Zip Code) _____

Joint Owner's Social Security / Tax I.D. Number: _____

Telephone No.: _____

Annuitant/Participant's Name: _____

New address?

B. First payment to be made on: (mm/dd/yyyy) _____ Monthly Quarterly Semiannual Annual

The earliest available date will be selected if a start date is not provided.

I elect to receive periodic distributions to be paid as follows:

- Fixed periodic payment amount \$ _____ .
- 72(t)/72(q) Distribution: (Check One) Method 1 (Minimum) Method 2 (Amortization of Acct. Bal.) Method 3 (Life Only)

For Multi-Account Annuities: You may designate the type of Interest Account from which to deduct your periodic distributions. If you make no such election, the distributions will be deducted from all Interest Accounts in proportion to their value.

*Any amount in the Premium Account will be deducted first.

*This information is outlined in your Policy/Certificate.

I request my distributions to be processed in the following manner:

\$ _____ From 003 (Ending Index Account)

\$ _____ From 005 (Average Index Account)

\$ _____ From 007 (Declared Interest Account)

*Once an account balance falls below the designated amount, we will continue the distributions from the remaining designated accounts in proportion to their value.

The following Options are not available on Equity Index Annuities - including the Multi-Account Annuities (Platinum and Gold)

- Interest Only. Your interest will be automatically sent to you as requested; provided the interest calculated meets the minimum requirements.
- % ____ Percentage of Accumulation Value (annual payment only)
- Percentage of Premium (Income Choice Only)

C. Withdrawal Instructions

Please pay such withdrawal/surrender value as indicated:

- Direct Deposit to my Bank (Direct Deposit form must be completed).
- Directly to me as Owner.
- Trustee-to-Trustee Transfer (named below). A Letter of Acceptance is required for a transfer. Please contact the new institution.
- Qualified Direct Rollover (named below). A Letter of Acceptance is required for a rollover. Please contact the new institution.
- To a Financial Institution (named below).

Financial Institution Name: _____ Account Number: _____
(if applicable)

Address: (Street, City, State, Zip Code) _____

D. Premature Distributions

To the extent a distribution is taxable, it may be subject to an additional 10% IRS premature distribution penalty as defined in IRC Sec. 72(t). This penalty is increased to 25% in the case of certain premature distributions from SIMPLE IRA plans in the first 2 years of participation. Roth IRA's may be subject to a penalty in the first 5 years. **Please contact your tax advisor for advice.**

E. Withholding Instructions

Notice of withholding on distributions or withdrawals from your annuity: If any part of this distribution is taxable, we will report but not withhold federal income tax, unless the election is marked below. The distributions or withdrawals you receive from your annuity may be subject to federal income tax withholding. Withholding will only apply to the portion of your distribution or withdrawal that is includable as income on your tax return. Federal withholding of 20% of this distribution is required for qualified plan annuities (other than an IRA) unless your distribution (a) is rolled over to another eligible qualified plan; (b) is a trustee to trustee transfer; (c) is a minimum required distribution. If you elect not to have withholding, or if you do not have enough federal income tax withheld from your distribution or withdrawal, 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. Any taxable portion will be reported to the Internal Revenue Service.

Withholding Instructions: Please check one or more of the following boxes, if applicable.

- I elect to have state income tax withheld.
I do not want to have state income tax withheld unless state law so requires.
I want federal income tax withheld at 10% or _____ . (20% if a qualified plan other than an IRA.)

F. General Agreement

Certification: I understand and agree that LSW assumes no responsibility for the effect and sufficiency of the distribution.

By receipt of this distribution, if you invoke your Right to Examine this Policy as defined on the policy form, your return of premium will be net of this distribution.

W9: Under penalties of perjury, I hereby certify that: (1) the number shown on this application is my correct taxpayer identification number; (2) the IRS has never notified me that I am subject to backup withholding, or has notified me that I am no longer subject to such withholding or I am exempt from such withholding; and (3) I am a U.S. person (including a U.S. resident alien). You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

Full Surrender Provision: Once the Cash Value reaches the minimum required to keep the Policy in force, we will process the final check for the Cash Surrender amount and the Policy will no longer be in force. The undersigned contract owner(s) and/or undersigned assignee(s) agree to fully indemnify and reimburse the Company for any and all loss, expense or damage it may sustain from any claim resulting from the company having paid the contract(s) without securing surrender of the original contract(s) or any previously issued duplicate/certification.

G. Signatures

Owner's Signature: Date: (mm/dd/yyyy)

Spouse's Signature*: Date: (mm/dd/yyyy)

Joint Owner's Signature: Date: (mm/dd/yyyy)

Assignee's Signature: (If any) Date: (mm/dd/yyyy)

To expedite, please obtain a Notary Signature for the Owner and Joint Owners. (Signature guaranteed acceptable)

Personally appeared before me, _____, known to me to be the person described in and who executed the forgoing instrument, who acknowledges to me that he/she executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

Notary Signature: Date: (mm/dd/yyyy)

My commission expires _____, 20 _____.

* Required in AK, AZ, CA, ID, LA, ME, NM, NV, TX, WA, WI. If you have a change in marital status, you must provide a certified copy of the legal document (i.e. name change, divorce decree, death certificate).

† Notarized signatures are optional.



Request for Direct Deposit

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Instructions:

Use this form to request direct deposit of annuity payments and withdrawals from your LSW annuity to your checking or savings account on your behalf. If payments from LSW will go to a checking account, please attach a blank check on which you write "void." If payments will go to a savings account, please attach a blank withdrawal slip that includes an encoded routing number.

Note: Deposit slips are not acceptable for deposits to checking or savings accounts.

It takes 3 business days from the payment date for the direct deposit to be processed by the banking institution.

Annuity Payments:

1. It takes approximately 30 days to open, change, or discontinue a direct-deposit agreement. Therefore, the initial payment, or payment following a change may be made with a physical check.
2. If at some point in the future you change your mind or want the payments to go to a different institution, simply complete another request and send it to us.

LSW Policy No.:

Policyowner:

Name of Institution:

Routing No.:

Address: *(Street, City, State, Zip Code)*

Checking account No.:

Savings account No.:

PLACE PREPRINTED VOIDED CHECK
OR
PREPRINTED SAVINGS WITHDRAWAL SLIP HERE
(PLEASE DO NOT USE STAPLES)

I authorize LSW to deposit annuity payments or withdrawals directly into the above account. I also authorize LSW to debit my account for any deposit that they have made in error.

Sign below exactly as your signature appears on the records of the Institution named above.

Policy Owner's Signature:

Date: *(mm/dd/yyyy)*

Please print your name:

Joint Owner Signature: *(if applicable)*

Date: *(mm/dd/yyyy)*

For Home Office Use Only:

Processed by:

Verified by: