

Deferred Annuity Withdrawal Form

The United States Life Insurance Company in the City of New York

Overnight Mailing Address: Annuity Service Center • 1050 North Western Street • Amarillo, TX 79106-7011 • 800-242-4079

The original form is required if check amount is over \$50,000. Checks will be made payable to Owner and mailed to address of record. Third Party payments are not allowed. A notarized signature of the Owner and Joint Owner (if applicable) will be required on this form if: 1) the funds are being sent to an alternate address other than to a bank or financial institution for the benefit of policy owner, or 2) if the address of record has changed within the last 30 days.

1. Contract Identification (Sections 1 & 6 must be completed for all requests.)

Contract #: _____ SSN/Tax ID #: _____

Owner(s): _____

Address: _____

Check here if new address

Phone #: _____ Owner's Email Address: _____

2. Request for Partial Withdrawal (Do not complete for recurring systematic withdrawals)

WITHDRAWALS PRIOR TO AGE 59 1/2 MAY BE SUBJECT TO IRS PENALTY.

Amount requested will be: Net **OR** Gross of applicable charges

If no method is indicated, distributions will be made **GROSS** of all applicable charges.

Amount requested to be withdrawn: \$ _____ **OR** Available Free Amount (Deferred Annuities only)

This is NOT A LOAN and may only be granted if specifically provided within the terms of said contract. The total value remaining may not be less than any limits defined within said contract provisions. The amount of Partial Withdrawal/Surrender will be subject to any charges specified in the contract provisions.

Check(s) will be made payable to the Contract Owner(s) and mailed to the address listed in Section 1 unless otherwise specified below. Third Party payments are not allowed. A notarized signature of the Owner and Joint Owner (if applicable) will be required on this form if: 1) the funds are being sent to an alternate address other than to a bank or financial institution for the benefit of policy owner, or 2) if the address of record has changed within the last 30 days.

Check one: Mail check to owner Mail check to alternate address

Alternate Individual or Institution

Account Number (if applicable)

Address

City/State/Zip

3. Systematic Withdrawal (Do not complete for non-recurring withdrawal requests.)

WITHDRAWALS PRIOR TO AGE 59 1/2 MAY BE SUBJECT TO IRS PENALTY. SYSTEMATIC WITHDRAWALS ARE NOT AVAILABLE FOR ALL PRODUCTS. PLEASE REFER TO YOUR CONTRACT FOR ANY APPLICABLE CONTRACT CHARGES.

***WITHDRAWALS MAY BE SUBJECT TO INCOME TAXES. PLEASE CONSULT A TAX ADVISOR.**

A. I request that DISTRIBUTIONS be based on:

- INTEREST only (Note: check will produce only for an amount equal to the number of days in the frequency elected.)
- SPECIFIED DOLLAR AMOUNT \$ _____ (not to be used for one-time partial withdrawal request)
- ANNUAL PERCENTAGE _____% (Note: This option may exceed annual free amount.)
- FREE AMOUNT (Note: Only available for annual processing on contract anniversary date. USL must be notified at least 15 days prior to contract anniversary for this option.)
- BENEFICIARY LIFETIME PAYOUT (**Annually Only**)

B. FREQUENCY OF PAYMENTS: Monthly Quarterly Semiannually Annually

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C. First check to be processed* on / / . **The date chosen must be at least 30 days after the contract effective date.**

***NOTE:** The payment will be processed on the date indicated. Subsequent payments will be processed on the SAME DAY of the month elected as your start date. If the Free Amount option is chosen, the check processing date will default to the contract anniversary. Please allow 3-5 additional days following the processed date for receipt of payment.

The Systematic Withdrawal option terminates on the contract's annuity date. You may cancel the Systematic Withdrawal process at any time by notifying the Home Office in writing.

DELIVERY METHOD: If no method is indicated, checks will be made payable to the Contract Owner(s) and mailed to the address on record. Third Party payments are not allowed. A notarized signature of the Owner and Joint Owner (if applicable) will be required on this form if: 1) the funds are being sent to an alternate address other than to a bank or financial institution for the benefit of policy owner, or 2) if the address of record has changed within the last 30 days.

Check one:

- Mail check to owner
 Deposit funds directly into bank if you would like to have your systematic withdrawals deposited directly to your checking or savings account, complete the following:

Bank Name: _____ Name on Account: _____
Bank Address: _____ Bank Phone: _____
City _____ State _____ Zip _____ Type of Account: Checking – (original voided check)**
 Savings - (need an original voided savings check or a letter confirming Savings account information submitted from the bank on bank letterhead signed by authorized bank representative)

Note: Direct deposits must be to an account where the Payee's name and social security number listed above match those on the account's records.

Bank Account #: _____ ABA Routing # (obtain from bank): _____

**If payments are to be deposited into a checking account, enclose a original voided check from the account. If a original voided check is not attached, check will be sent to the address on record. PLEASE DO NOT ENCLOSE A DEPOSIT SLIP.

- Mail check to alternate address

Alternate Individual or Institution Account Number (if applicable)

Address City/State/Zip

4. Request for Full Surrender

WITHDRAWALS PRIOR TO AGE 59 1/2 MAY BE SUBJECT TO IRS PENALTY.

- Full Withdrawal/Contract is attached.
 Full Withdrawal/Contract is lost.

I hereby declare that the contract specified above has been lost, destroyed or misplaced and request that the value of the contract be paid. I agree to indemnify and hold harmless USL against any claims which may be asserted on my behalf and on the behalf of my heirs, assignees, legal representatives or any other person claiming rights derived through me against USL on the basis of the contract.

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Check one: Mail check to owner Mail check to alternate address

Alternate Individual or Institution Account Number (if applicable)

Address City/State/Zip

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5. Notice of Withholding (This section must be completed)

Annuity payments may be subject to Federal and State income tax withholding. If you elect not to have withholding apply to your payments, or if you do not have enough Federal and State income tax withheld, you may be responsible for payment of estimated tax. You may incur tax penalties if your withholding and estimated tax payments are not sufficient. You may revoke your withholding election at any time by completing a new W4-P and returning it to the Company. **If a W4-P is not included or withholding is not indicated below, Federal and state withholding will be deducted as required by law.**

Federal Tax Withholding:

Check one: I do **NOT** want income tax withheld from this distribution.
 I do want 10% **OR** _____ %/\$_____ income tax withheld from this distribution.

State Tax Withholding:

Check one: I do **NOT** want income tax withheld from this distribution.
 I do want 10% **OR** _____ %/\$_____ income tax withheld from this distribution.

6. Notice Regarding Excess Withdrawals (only applies if you are withdrawing Guaranteed Minimum Withdrawal Benefits (GMWBs) or Guaranteed Lifetime Benefits (also called Lifetime Income Benefits or LIBs))

If you have begun withdrawing Guaranteed Minimum Withdrawal Benefits or Guaranteed Lifetime Benefits your withdrawal request in section 2, 3, or 4 is in excess of your maximum annual withdrawal benefit amount (Excess Withdrawal), the withdrawal will result in a permanent reduction in your future GMWB or LIB amounts. If you would like to make an Excess Withdrawal and are uncertain how it would reduce your future GMWB or LIB amounts, you may contact the Annuity Service Center prior to requesting the withdrawal. We will provide you with a personalized, transaction-specific calculation showing the effect of the Excess Withdrawal. (You may also call if you are unsure whether your withdrawal would be an Excess Withdrawal.)

Special Exception for LERO/MRD Payments:

If Life Expectancy Retirement Options (LERO/ Minimum Required Distribution (MRD) payment(s) have been made during the contact year that:

1. are based only on the value of the contract to which this rider is attached and the benefits there under; and
2. would not result in the Owner being paid in any contract year more than one calendar year's LERO/MRD payment; and
3. exceed the Withdrawal Amount, then an Excess Withdrawal is only that portion of total withdrawals in the contact year that exceeds such LERO/MRD payments.

The sum of all withdrawals taken during the contract year will be compared to the greater of the Withdrawal Amount and the LERO/MRD described above to determine if an Excess Withdrawal occurred during the contact year. The greater of the Withdrawal Amount and the LERO/MRD described above will not be subject to any withdrawal charge or market value adjustment provisions in the contract. An Excess Withdrawal is subject to such provisions.

7. Affirmation/Signature (Complete this section for all requests.)

All statements made on this withdrawal form are true to the best of my knowledge and belief. I agree to all terms and conditions as shown. I have read and understand and agree to the terms of this withdrawal form.

FOR FULL SURRENDERS ONLY - By signing this form, I acknowledge the following:

1. I understand that this transaction may involve tax consequences; I may want to review this transaction with a qualified tax advisor prior to surrender.
2. I understand that any applicable surrender charges will be deducted from my account value and cannot be refunded.
3. I understand that an exchange for a new annuity contract will likely result in a new surrender charge period under the new contract.

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, 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 back-up 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. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

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Medallion Signature Guarantee:

Original form and original Medallion Signature Guarantee is required if the check amount exceeds \$500,000. Medallion Signature Guarantee may be obtained at a bank or brokerage firm.

Signature of Owner

Date

Signature of Joint Owner (if applicable)

Date

Notary or Guarantor Signature

Date

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