



ANNUITY WITHDRAWAL/SURRENDER FORM

Please read all instructions carefully and complete all applicable sections of this form. Unclear or missing information may delay or prevent processing. Sign and date the form and submit all pages.

POLICY NUMBER			
OWNER'S NAME		OWNER'S SOCIAL SECURITY NUMBER	
JOINT OWNER'S NAME		JOINT OWNER'S SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP	<input type="checkbox"/> CHECK THIS BOX TO MAKE THIS MY NEW PRIMARY ADDRESS
STREET ADDRESS (REQUIRED IF MAILING ADDRESS IS PO BOX)			TELEPHONE NUMBER
CITY	STATE	ZIP	E-MAIL ADDRESS

PARTIAL WITHDRAWAL

Send me the maximum penalty-free amount

Send me this specific dollar amount \$ _____*

You must choose Net Amount or Gross Amount to request a specific dollar amount withdrawal:

Net Amount (the amount of the withdrawal **after** adjustments)*

Gross Amount (the amount of the withdrawal **before** adjustments)*

Optional – Make this a recurring withdrawal (direct deposit only)

Withdrawal frequency (select one): Monthly Quarterly

Additional withdrawals in the dollar amount specified above will be paid at the frequency requested until the end of the current policy year. If you wish to receive additional recurring withdrawals after your policy anniversary, a new Annuity Withdrawal/Surrender Form will be required.

Optional – Specify day of month to start recurring withdrawals: _____

Start date must not be the 29th, 30th or 31st. If no start date is specified, withdrawals will start when we process this request.

Send me this percentage of my policy's accumulation value _____%*

***Withdrawals in excess of the penalty-free withdrawal amount allowed by the policy will be assessed a withdrawal charge and forfeiture of any non-vested bonus amount, and may also be subject to a market value adjustment, if specified in the policy.**

START AUTOMATIC INTEREST WITHDRAWALS

Send me automatic withdrawals of interest as earned for the payment frequency selected (direct deposit only).

Note: For indexed annuities, this means interest earned on funds allocated to the fixed account.

Withdrawal Frequency (select one): Monthly Quarterly Semi-Annually Annually

Optional – Specify day of month to start automatic interest withdrawals: _____

Start date must not be the 29th, 30th or 31st. If no start date is specified, interest withdrawals will begin 30 days after this form is received in good order. Automatic interest withdrawals will continue until you elect to stop.

Withdrawals in excess of the penalty-free withdrawal amount allowed by the policy will be assessed a withdrawal charge and forfeiture of any non-vested bonus amount, and may also be subject to a market value adjustment, if specified in the policy.

FULL SURRENDER

Check this box if you want to request a full surrender of your policy for its Cash Surrender Value. Full surrender will terminate your annuity policy. **Any applicable surrender charge will be deducted and the surrender value may also be subject to a market value adjustment and forfeiture of a non-vested bonus amount if specified in the policy.**

METHOD OF PAYMENT

Choose one of the following payment methods:

For Faster Delivery - Direct Deposit (please provide the requested bank account information below)

By signing below, I authorize Christian Fidelity Life Insurance Company to electronically deposit funds into my bank account identified below, and to charge my account to reverse any deposit erroneously posted to my account. Christian Fidelity may at any time discontinue direct deposit and issue checks to me. I understand that I may revoke this authorization by written notice to Christian Fidelity or by calling (866) 641-9999. Revocation of this authorization will terminate recurring withdrawals or automatic interest withdrawals.

The owner of the policy must also be the owner of the bank account.

BANK NAME	ROUTING NUMBER	ACCOUNT NUMBER
BANK ACCOUNT OWNER NAME	ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	

Your Name
Your Address

-VOID-

Routing Number Account Number
123456789 1234567

For checking accounts, attach a void check over this section. For savings accounts, provide a deposit slip or a bank account statement.

Mail a Check to the address listed on page 1 (not available for recurring or automatic interest withdrawals)

TAX WITHHOLDING ELECTION

Please make a tax withholding election below. If you do not make a withholding election, 10% federal income tax and any required withholding of state income tax will be withheld on the taxable portion of the withdrawal. You may elect not to withhold or you may elect a higher withholding rate.

Please select one of the following options:

- DO NOT withhold federal or state income tax from my withdrawal.
- Withhold _____% federal income tax from the taxable portion of my withdrawal.
- Withhold _____% state income tax from the taxable portion of my withdrawal.

Even if you elect not to have income tax withheld, or if you do not have enough tax withheld, you are liable for federal and state income tax and may also be subject to tax penalties. Please consult your tax advisor for additional information. Michigan residents – we must withhold state tax, unless you elect not to withhold using Form MI W-4P.

INSTRUCTIONS

Signature Requirements

All applicable required signatures must be included when submitting this form. Processing will be delayed if signature requirements are not satisfied.

Spouse Signatures – If the owner resides in a community property state (currently AZ, CA, ID, LA, NM, NV, TX, WA and WI), the owner’s spouse must also sign this form. Unless Christian Fidelity has been notified of a community property interest in the policy, Christian Fidelity will rely on its good faith belief that no such interest exists and will assume no responsibility for inquiry.

Trust – All trustees must sign if required by the trust agreement. A copy of the trust agreement and a current Trustee Certification and Indemnification form must be on file before a withdrawal can be processed. Check the “Trustee” box below the owner signature line.

Guardian or Conservator – The guardian or conservator must sign and identify the capacity in which they are signing for the owner. Provide a copy of the

guardianship/conservator papers if not previously submitted.

Power of Attorney – Provide a copy of the power of attorney (if not previously provided), and complete and submit a Certification of Power of Attorney form. An updated Certification of Power of Attorney form is required every 12 months.

Corporation – Check the “Officer Title” box below the owner signature line and write the title of the officer signing for a corporate owner in the space next to it. Provide a copy of the corporate resolution evidencing the officer’s signing authority.

Irrevocable Beneficiary – If you previously named an irrevocable beneficiary, the irrevocable beneficiary’s signature is required.

Collateral Assignee – If the policy has been assigned as collateral, all assignees must sign.

This form is not for use with a 403(b)/tax sheltered annuity. If your policy is a 403(b)/tax sheltered annuity, please call Policyholder Services for further instructions.

Christian Fidelity Mailing Address and Contact Information	
Regular or Overnight Mail	2721 North Central Avenue, Phoenix, Arizona 85004
Fax	(877) 584-2777
Email	OxfordPHS@oxfordlife.com
Policyholder Services	(866) 641-9999
Website	www.cflic.com