



2721 North Central Avenue, Phoenix, Arizona 85004-1172  
(866) 641-9999

**LIFE INSURANCE COMPANY**

Please read all instructions carefully and complete all applicable sections of this form. A photocopy of a signed, government issued ID such as a driver's license; state ID or passport must be submitted with the completed form. If no ID is available, the form must be notarized. Unclear or missing information may delay or prevent processing. Sign and date the form.

**GUARANTEED LIFETIME WITHDRAWAL BENEFIT (GLWB) RIDER ELECTION FORM**

Return completed form with owner's signature(s) to the address above.

OWNER (S) NAME		SOCIAL SECURITY NUMBER (S)		POLICY/CONTRACT NUMBER
ADDRESS				HOME TELEPHONE #
CITY	STATE	ZIP	BUSINESS TELEPHONE #	

**ELECTION TO BEGIN GUARANTEED LIFETIME WITHDRAWAL BENEFITS**

GLWB Based On:  Single Life       Joint Life

Spouse's name if Joint Life elected: \_\_\_\_\_.

Note: Owner must be age 50 or older to elect the Single Life payout. In order to elect the Joint Life Payout, Spouse must be Primary Beneficiary and the youngest spouse must be age 50 or older. For a policy with joint owners, the spouse must be a joint owner.

Please pay me (check one):

Monthly       Quarterly       Semi-Annually       Annually

Note: If a Monthly payout is elected, you will be required to receive the funds by EFT. See Appendix B.

Please begin my Periodic Payment on: \_\_\_\_\_.

**Tax Withholding:**

Please indicate whether or not you want Federal Income Tax withheld from future payments of taxable gain (see Appendix A for additional information):

- I DO NOT want Federal Income Tax withheld.
- I DO want Federal Income Tax withheld. Taxes will be withheld at the rate of 10% unless a higher percentage rate is indicated here \_\_\_\_\_.

Please indicate whether or not you want State Income Tax withheld from future payments of taxable gain (see Appendix A for additional information):

- I DO NOT want State Income Tax withheld.
- I DO want State Income Tax withheld at a rate of \_\_\_\_\_%.

**REQUEST TO STOP WITHDRAWALS**

- Stop GLWB, effective immediately.
- Stop GLWB, effective \_\_\_\_\_.

**NOTE:** If you choose to stop your GLWB and restart it later, the GLWB will be based on the same payout factor that was based on your age at the time you first elected to start receiving the GLWB.

**TERMINATION OF RIDER**

- Terminate my GLWB Rider and Stop withdrawals, effective immediately, if already elected.

**NOTE:** Once the rider has been terminated, you may not re-elect it and it cannot be reinstated by the Company. There will be no further payments made from this rider once it is terminated.

## CERTIFICATION (SUBSTITUTE FOR IRS FORM W-9)

The following information is being collected on this statement rather than an IRS Form W-9 and will be used for supplying information to the Internal Revenue Service (IRS). The IRS does not require Your consent to any provision of this statement other than the certifications required to avoid backup withholding.

Under penalty of perjury, I certify that: (1) the number shown on this form is my correct Social Security/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 backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person.

**Note: Certification Instructions – You must cross out item 2 above 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.**

**Note: If you are not a U.S. citizen or other U.S. person, please contact us for an explanation of your tax treatment, and you must cross out item 3 above.**

The Company reserves the right to declare this form void and of no effect if it is incomplete or completed in an unsatisfactory manner.

## SIGNATURES

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_  
City State

\_\_\_\_\_  
Signature – Owner

\_\_\_\_\_  
Signature – Joint Owner (if any)

\_\_\_\_\_  
Signature – Irrevocable Beneficiary or Assignee (if any)

\_\_\_\_\_  
Signature – Spouse (Required in the following states due to community property laws: AZ, CA, ID, LA, NM, NV, TX, WA and WI)

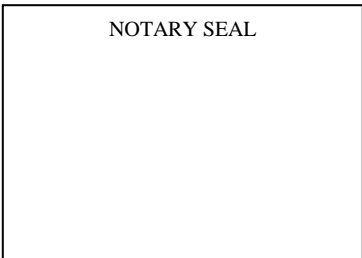
### NOTARY SEAL (required)

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_,  
\_\_\_\_\_ appeared before me and endorsed this document.

Signature Of Notary Public: \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_, And the State Of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



## APPENDIX A – ADDITIONAL WITHHOLDING INFORMATION

Withholding only applies to the taxable portion, i.e. income, of the payments you receive.

Federal withholding is generally at a 10% rate, but you may elect not to withhold any taxes. However, if you are a U.S. citizen, but have a foreign mailing address, we must withhold 30% in federal income tax.

We will assume that the entire withdrawal from an IRA or other eligible retirement plan is taxable, except for non-taxable qualified distributions from a Roth IRA. Federal withholding for distributions from qualified plans, including 401(k)s, is at a 20% rate; this withholding is mandatory unless the distribution is rolled over to an IRA or other eligible retirement plan. Federal withholding of distributions from non-qualified plans and personal plans, including IRAs, is at the default rate of 10% and is not mandatory.

Even if you elect not to have federal and/or state income tax withheld, you are still liable for payment of federal income tax and, if applicable, state income tax on the taxable portion of the distribution. Additionally, in some states, even if you elect not to withhold state income tax, we may withhold state income tax if required by law. You may also be subject to tax penalties under the Estimated Tax Payment Rules if any payments of estimated tax and withholding are insufficient (IRS Publication 505 explains federal estimated tax requirements and describes penalties in detail).

Specific state income tax withholding policies are noted below. For additional information, contact your state's taxation department and/or your tax advisor.

- *No Withholding:* We cannot withhold state income tax for residents of Alabama, Alaska, Arizona (nonperiodic payments, lump sum distributions or individual retirement account distributions not periodic annuity payments), Colorado, Delaware, the District of Columbia (for distributions other than from retirement plans or accounts), Florida, Hawaii, Idaho, Illinois, Kentucky, Louisiana, Minnesota, Mississippi, Nevada, New Hampshire, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Wisconsin, Washington or Wyoming.
- *Required Withholding if Federal Tax Withholding Mandatory:* For residents of Arkansas, Maryland and North Carolina, with distributions eligible for rollover, or other distributions where federal withholding is mandatory, we must withhold state tax.
- *Required Withholding if Federal Tax Withheld:* For residents of the District of Columbia (for distributions from retirement plans or accounts), Iowa, Kansas, Maine, Oklahoma and Nebraska, we must withhold state taxes if federal taxes are withheld.
- *Required Withholding if Federal Tax Withheld, but may Elect Out:* For residents of Arkansas (for distributions not eligible for rollover), Georgia (for periodic payments), North Carolina (for distributions not eligible for rollover) and Vermont, you must have state income tax withheld if federal income taxes are also withheld, unless you specifically opt out of state income tax withholding. For residents of California, Massachusetts, Oregon and Virginia who opt out of federal income tax withholding, you are opted out of state income tax withholding as well; otherwise, in Massachusetts, Oregon and Virginia, state tax will be withheld. A resident of California who elects to have federal tax withheld can elect out of state withholding as well.
- *Voluntary Withholding:* For residents of Arizona (for periodic annuity payments), Connecticut, Georgia (for non-periodic payments), Indiana, Maryland (for distributions not eligible for rollover), Missouri, Montana, New Jersey, New Mexico, New York, Utah and West Virginia, state income tax withholding is voluntary.
- *Michigan Residents:* Regardless of federal withholding, we must withhold on payments, unless you elect not to withhold by completing a Form MI W-4P.

**APPENDIX B – AUTHORIZATION FOR DIRECT DEPOSIT**

**Owner:** \_\_\_\_\_

**Annuitant:** \_\_\_\_\_

**Financial Institution**

Name of Bank and Branch: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**IF USING A CHECKING ACCOUNT, ATTACH A VOIDED OVER THIS SECTION – DEPOSIT SLIPS ARE NOT ACCEPTABLE**

**Depositor Information**

Depositor Name(s): \_\_\_\_\_

Social Security Number(s): \_\_\_\_\_

Account Number(s): \_\_\_\_\_

Account Type:       Checking       Savings

**Authorization**

I hereby authorize Oxford Life Insurance Company, and/or its third-party administrators, representatives or agents, (“Oxford Life”) to electronically transfer into my account, until further notice, all contract payments due to me and to charge the referenced account to reserve any transfer erroneously posted to my account. I agree that Oxford Life will have no further liability with respect to any payments made in accordance with this authorization and may at any time discontinue my direct deposit and issue checks to me requiring my personal endorsement. I understand this authorization is to remain in full force and effect until Oxford Life has written notification from me of termination and in such manner as to afford Oxford Life and the Financial Institution a reasonable opportunity to act on it. I, for myself, my heirs, executors, administrators and assigns do hereby consent and agree that any sums of money deposited to my account after my death, shall be refunded to Oxford Life for distribution to the person or persons, if any, entitled to those sums under the terms of the contract.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_  
City State

\_\_\_\_\_  
Signature – Owner

\_\_\_\_\_  
Signature – Joint Owner (if any) or Depositor (if different than Owner)

\_\_\_\_\_  
Signature – Irrevocable Beneficiary or Assignee (if any)

\_\_\_\_\_  
Signature – Spouse (Required in the following states due to community property laws: AZ, CA, ID, LA, NM, NV, TX, WA and WI)