



LIFE INSURANCE COMPANY®

DISBURSEMENT INSTRUCTIONS

Please read all instructions carefully and complete all applicable sections on the following pages. Some additional documents may be required. Unclear or missing information may delay or prevent processing. Please sign and date the form and return **ALL** pages, along with any required documents via the return method identified below. Questions? Please call (866) 641-9999.

REQUIRED DOCUMENTS

Depending upon the amount of money you are requesting and whether you are requesting these funds via check or direct deposit, use the chart below to identify which documents are required.

Amount Requested	Check	Direct Deposit
\$1-\$49,999	One (1) signed form of identification	One (1) signed form of identification AND bank account information
\$50,000-\$249,999	One (1) signed form of identification AND proof of address	One (1) signed form of identification AND bank account information
\$250,000 and Above	Medallion Signature Guarantee	One (1) signed form of identification AND bank account information, OR a Medallion Signature Guarantee for credit union accounts

We will run your account and address information through our database in order verify where funds are being sent. If we are unable to verify your account or address, or there is a discrepancy between any of the information provided on the form and your information on file, we reserve the right to request additional or alternative forms of identification, including a Medallion Signature Guarantee. Please note that if you are requesting a direct deposit to a credit union, we are unable to verify credit union accounts and will always require a Medallion Signature Guarantee for requests over \$250,000.

ACCEPTABLE TYPES OF DOCUMENTS

Signed Forms of ID	Bank Account Information	Proof of Address
Driver's License/ Government/ State Issued ID Passport Social Security Card Marriage License Military ID Green Card (if signed) Voter Registration Card	For Checking Accounts: A void check For Savings Accounts: A letter, on bank letterhead, verifying the owner(s), account and routing number, signed by an authorized party at the bank.	Utility Bill*- i.e. gas, electric, telephone A Bank or Credit Card Statement* Vehicle Registration State/ Federal Tax Document* Bank or Credit Card Statement or Other Financial Institution Document* *Cannot be older than sixty (60) days

MEDALLION SIGNATURE GUARANTEE (MSG): MSGs are used as an added security measure and may be obtained at most banks, credit unions, or other financial institutions. It is recommended that you contact your bank ahead of time to ensure they can provide an MSG and to ask what forms of ID or other documents you may be required to bring. Your bank may charge a nominal fee for this service. **The MSG submitted must be an original; faxes, photocopies, and emails will not be accepted.**

RETURN METHOD

If you were required to obtain a Medallion Signature Guarantee on your form, you **MUST** return your completed form and documents via **MAIL ONLY**, otherwise, you may choose to return your documents via any of the methods below.

- ❖ Fax to: (877) 584-2777
- ❖ Mail to: Oxford Life Insurance Co.
2721 North Central Avenue
Phoenix, Arizona 85004
- ❖ Email to: OxfordPHS@oxfordlife.com

IMPORTANT: If your address of record has been changed in the last sixty (60) days, you must provide a copy of a recent bill or statement reflecting the new address (see above for acceptable proof of address documents).

ANNUITY INTEREST ONLY WITHDRAWAL FORM

POLICY NUMBER			
OWNER'S NAME		OWNER'S SOCIAL SECURITY NUMBER	
JOINT OWNER'S NAME (IF APPLICABLE)		JOINT OWNER'S SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP	HOME PHONE NUMBER
STREET ADDRESS (REQUIRED IF MAILING ADDRESS IS PO BOX)			CELL PHONE NUMBER
CITY	STATE	ZIP	E-MAIL ADDRESS

Note: 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.

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 of the following options): 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.**

METHOD OF PAYMENT

Please select ONE of the following options. If no option is selected, the proceeds will be mailed to the owner's address of record.

- Mail a Check** to the address of record (not available for recurring or automatic interest withdrawals)
- For Faster Delivery- Direct Deposit** (the bank account information below **MUST** be completed)

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 voided check here. Deposit slips and starter checks are not accepted. For savings accounts, you must include a letter from your bank or financial institution on their letterhead, including the account and routing number, the owner(s) on the account, and signed by an authorized party at the bank or financial institution.

TAX WITHHOLDING ELECTION

Please make a tax withholding election below. You may elect not to withhold or you may elect to withhold 10% or more for federal tax. 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.

Please select ONE of the following options:

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

Note: 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. If you reside in AR, GA, ME, MI, NC, OR, MD, or VA– we must withhold state tax, unless you elect not to withhold tax using your state’s specific form.

SUBSTITUTE FOR IRS FORM W-9

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct Social Security number or 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.

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.

SIGNATURES AND AUTHORIZATION

Direct Deposit 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 policy payments due to me and to charge the referenced account to reverse 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 policy. Revocation of this authorization will terminate recurring withdrawals or automatic interest withdrawals.

I have read, understand and agree to the following:

- I direct Oxford Life to pay to me the annuity withdrawal described above in accordance with the terms of this form. I certify that my policy is not assigned or pledged as collateral to any other person or corporation unless an assignee has signed below. I further certify that the owner is not a debtor in any pending bankruptcy or insolvency, and that the owner is not under guardianship or legal disability unless indicated;
- Please verify the withdrawal provisions and conditions of your policy prior to making a selection and make sure that you understand the impact that taking this distribution will have on your policy values and any riders;
- Refer to your policy for surrender charge information, minimum balance requirements and other provisions relating to withdrawals;
- If you have a Guaranteed Lifetime Withdrawal Benefits (GLWB) rider on your policy, withdrawing funds from your policy may impact the guaranteed benefits provided by the GLWB rider. Even if you elect to stop systematic GLWB withdrawals, requesting a withdrawal that exceeds the remaining available GLWB amount for the current policy year (an “excess withdrawal”) will permanently reduce future GLWB amounts and may result in termination of your GLWB rider. You may contact us prior to requesting a withdrawal if you are considering an excess withdrawal and would like a personalized calculation of the effect of the proposed excess withdrawal on future GLWB amounts;
- If your requested withdrawal exceeds the remaining available GLWB amount for the current policy year, you will be required to sign and return a “Benefit Impact Acknowledgement Form” before we will process the withdrawal;

- If you are withdrawing funds from a non-qualified annuity that was part of a partial 1035 exchange, IRS Revenue Procedure 2011-38 provides that withdrawals taken from either annuity within 180 days after a partial 1035 exchange may result in additional taxable income on the annuities involved in the exchange. The IRS tax treatment may be different than what we will report on Form 1099-R. You should consult a tax advisor before withdrawing any funds from either annuity within 180 days of the exchange;
- Federal tax law treats all non-qualified deferred annuity policies issued by a company to a policyholder in the same calendar year as one annuity policy (serial annuities). If you are withdrawing funds from a serial annuity, the tax information included with your check may not include a serial annuity calculation; and
- I have read and understand all five (5) pages of this form, including the signature requirements below.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGN
HERE

SIGN
HERE

Signature – Owner

Date

Signature – Joint Owner *(if applicable)*

Date

Trustee or Officer Title: _____

Trustee or Officer Title: _____

SIGN
HERE

SIGN
HERE

Signature – Owner’s Spouse *(required in community property states- AZ, CA, ID, LA, NM, NV, TX, WA and WI)* Date

Signature – Irrevocable Beneficiary or Collateral Assignee *(if applicable)* Date

If you are signing on behalf of the owner, print your name, sign below and check the box that describes the capacity in which you are signing: Conservator Guardian Power of Attorney

I certify that the conservatorship, guardianship or power of attorney authorizing me to act for the policy owner has not been terminated or modified in any way that would affect my ability to act for the policy owner. I agree to indemnify, defend and hold Oxford Life Insurance Company harmless for, from and against any losses, liability, claims and costs (including attorney’s fees) resulting from acting on my instructions.

SIGN
HERE

Signature: _____
Date

Print Name: _____



Medallion Signature Guarantee- Owner *(if applicable)*

Medallion Signature Guarantee- Joint Owner *(if applicable)*

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 Oxford Life has been notified of a community property interest in the policy, Oxford Life 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.

Medallion Signature Guarantee – If applicable, an original Medallion Signature Guarantee must be affixed to this document in the space provided above.

SUBMISSION INSTRUCTIONS

Please refer to the Instructions (cover page) for specifics on how to submit your completed form. Please ensure that all required signatures, dates, documents, and Medallion Signature Guarantee(s), if required, are included. Additionally, if direct deposit has been selected as your method of payment, ensure that a voided check (for checking accounts), or a letter from the bank or financial institution (for savings accounts) has been included.