



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).

QUALIFIED CHARITABLE DISTRIBUTION (QCD) FORM

OWNER'S NAME (FIRST, MIDDLE, LAST)		POLICY NUMBER	
OWNER'S DATE OF BIRTH		LAST FOUR OF OWNER'S SOCIAL SECURITY NUMBER XXX - XX -	
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

DISTRIBUTION INSTRUCTIONS

Please note: The QCD check will be made payable to the charity listed below and list your name as the donor. The check will be mailed directly to the contract owner's address listed above.

QUALIFIED CHARITY NAME

METHOD OF CALCULATION

Please select ONE of the following options:

- I would like Oxford Life to process the QCD for the CURRENT calendar year of _____ (YEAR) based on my estimated Required Minimum Distribution amount.
 - Please suspend my RMD for the year elected above. I understand this will not affect future RMDs.
- I would like Oxford Life to process this QCD for the amount of: \$ _____.

NET OR GROSS WITHDRAWAL

Please select ONE of the following options:

- Net Amount (the amount of the withdrawal **after** any potential adjustments)
- OR**
- Gross Amount (the amount of the withdrawal **before** any potential adjustments)

SIGNATURES AND AUTHORIZATION

I have read, understand and agree to the following:

- I certify that my contract 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.
- I understand that no income tax will be withheld from this distribution.
- Please verify the withdrawal and surrender provisions and conditions of your contract 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 contract 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 contract, withdrawing funds from your contract 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 contract year (an “excess withdrawal”) will permanently reduce future GLWB amounts and may result in termination of your GLWB rider.
- Oxford Life Insurance Company makes no representations or warranties that taking the withdrawal you have requested in this form will satisfy your tax obligations. Consult your own tax or legal advisor to discuss the tax consequences of this transaction. Neither Oxford Life Insurance Company, nor any of its officers, employees or agents, may provide tax or legal advice.
- If you have already established systematic Required Minimum Distribution (RMD) withdrawals on your policy the request of a Qualified Charitable Distribution (QCD) may impact the amount of your RMD payments.
- Oxford Life Insurance Company does not include qualified funds held at other financial institutions in its calculation of your RMD or QCD for this policy.

SIGN
HERE

Signature – Owner

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: _____

Print Name: _____



Medallion Signature Guarantee- 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.

Trust – All trustees must sign if required by the trust agreement. A copy of the trust agreement and a current Certification of Trustee Powers form must be on file before a withdrawal can be processed. Check the “Trustee” box below the owner signature line. If more than one trustee needs to sign please attach a separate page or letter of instruction.

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.

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, if required, are included.