

## POLICY MATURITY ELECTION FORM

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 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 REQUEST A CHANGE OF ADDRESS
STREET ADDRESS (REQUIRED IF MAILING ADDRESS IS PO BOX)			TELEPHONE NUMBER
CITY	STATE	ZIP	E-MAIL ADDRESS

## PAYOUT ELECTION

I elect the following settlement option for this annuity or life insurance policy and direct that the policy proceeds be distributed to me as follows (*You may choose only one Option; please refer to your contract for a full description of these options and take note that not all five options may be available to you; if the owner is a non-natural person, only Option 1 can be selected*):

- Option 1: Lump Sum**
- Option 2: Period Certain of \_\_\_\_\_ Years (5-30 years)**
- Option 3: Life Income with Period Certain of \_\_\_\_\_ Years (5-30 years)**
- Option 4: Joint Life Income (please provide information below about your spouse/joint annuitant)**

Spouse's Name: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_

- Option 5: Life ONLY**  
Your choice of payout option may have significant tax consequences. Consult with your tax advisor to determine the appropriate election for your situation.

**ONCE PAYMENTS HAVE STARTED, THE METHOD/TERM CANNOT BE CHANGED.**

## FREQUENCY AND METHOD OF PAYMENT

### Payment Frequency (not applicable to lump sum payments):

Please select only one payment frequency. The minimum payment for all modes is \$50.00.

Monthly (direct deposit only)     Quarterly     Semi-Annual     Annual

### 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.

**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 bank account statement.**

**Mail a Check** to the address listed on page 1

## TAX WITHHOLDING ELECTION

The taxable portion of payments is subject to 10% income tax withholding. 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, or if you do not specify a withholding percentage, 10% federal income tax and any required withholding of state income tax will be withheld on the taxable portion of the proceeds paid to you.

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 on tax withholding. 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 check the “Guardian” or “Conservator” box, as applicable, to 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** – The attorney-in-fact must sign and check the “Power of Attorney” box to identify the capacity in which they are signing for the owner. Print the date of the Power of Attorney in the space provided on the signature page. Provide a copy of the power of attorney (if not previously provided).

**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.

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