

## 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

**1**

### DISBURSEMENT FORM

- Complete all applicable fields and return ALL pages of the form
- Remember to sign in both the “Substitute Form W9” section AND the “Signatures and Certification” section of this form
- Your signature must be a “wet” signature (electronic signatures are prohibited)

**2**

### IDENTIFICATION

- Submit a LEGIBLE, VALID (not expired), SIGNED form of ID of the Owner from the list below

**3**

### METHOD OF PAYMENT

- If the disbursement to you will be by CHECK, and the address on your ID does not match the address you list on this form, please submit ONE “Proof of Address” from the list below
- If the disbursement to you will be by DIRECT DEPOSIT, please submit ONE proof of your Bank Account Information” from the list below

**4**

### ADDITIONAL DOCUMENTS

- If you are making this request as a Power of Attorney over the Owner, please submit a Certification of Power of Attorney form (available at OxfordLife.com) and all pages of your Power of Attorney documents
- If you are making this request on behalf of a Trust, Guardianship, Conservatorship, or Corporation, please see the final page of this form for additional document requirements

**DISCLAIMER:** We will run your account and address information through our database to verify where funds are being sent. If we are unable to verify your account or address, or there is a discrepancy with any of the information provided on the form, we reserve the right to request additional alternative forms of identification or other documents.

## ACCEPTABLE TYPES OF DOCUMENTS

Signed Forms of ID	Bank Account Information	Proof of Address
<ul style="list-style-type: none"> <li>• Valid (not expired) Driver’s License/ Government / State Issued ID</li> <li>• Passport</li> <li>• Social Security Card</li> <li>• Military ID</li> <li>• Green Card</li> <li>• Voter Registration Card</li> </ul> <p><b>ID MUST BE LEGIBLE &amp; SIGNED</b></p>	<p>Submit a voided check (not a starter check)</p> <p style="text-align: center;"><b>OR</b></p> <p>Submit a bank-issued letter, on bank letterhead, verifying the account owner(s) name, the <u>complete</u> routing number, and the <u>complete</u> account number.</p>	<ul style="list-style-type: none"> <li>• Utility Bill (i.e. gas, electric, telephone)</li> <li>• Bank or Credit Card Statement</li> <li>• Vehicle registration</li> <li>• State / Federal Tax Document</li> <li>• Other Financial Institution Document</li> </ul> <p><b>PROOF OF ADDRESS ITEM CANNOT BE OLDER THAN SIXTY (60) DAYS</b></p>

## RETURN METHOD

All documents may be emailed, mailed, faxed, or uploaded to us at OxfordLife.com

- EMAIL:** info@christianfidelity.com
- MAIL:** 2721 N. Central Ave Phoenix, AZ 85004
- FAX:** 877-584-2777
- UPLOAD:** OxfordLife.com, click on “Policyholders” at the top of the page, register for your online portal



## QUALIFIED CHARITABLE DISTRIBUTION (QCD) FORM

### INSTRUCTIONS:

- Please read all instructions carefully and complete all applicable/required sections of this form
- Unclear or missing information may delay or prevent processing
- Ensure all required printed names, signatures, and dates are included
- Include any required additional supporting documentation
- Any correction(s) must be crossed out and initialed. Use of white-out is prohibited
- Return ALL pages of this form
- See "Processing and Signature Requirements" on the last page for additional requirements
- **ALL signors of this request must submit a copy of a valid, government-issued ID such as a driver's license, passport, or state ID**

## OWNER INFORMATION

POLICY NUMBER			
OWNER'S NAME		OWNER'S DATE OF BIRTH	OWNER'S SOCIAL SECURITY # XXX - XX -- _ _ _ _ _
JOINT OWNER'S NAME (if applicable)		JOINT OWNER'S DATE OF BIRTH	JOINT OWNER'S SOCIAL SECURITY # XXX - XX -- _ _ _ _ _
MAILING ADDRESS			
CITY	STATE	ZIP + 4	HOME PHONE NUMBER ( ) --
STREET ADDRESS ( <b>REQUIRED</b> IF MAILING ADDRESS IS PO BOX)			CELL PHONE NUMBER ( ) --
CITY	STATE	ZIP + 4	E-MAIL ADDRESS (optional)

*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.*

## DISTRIBUTION INSTRUCTIONS

QUALIFIED CHARITY NAME
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**NOTE:** The Qualified Charitable Distribution (QCD) check will be made payable to the charity listed above and will list your name as the donor. The check will be mailed directly to the policy Owner's address listed above.

**Please select ONE of the following options:**

- 1)  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.
- 2)  I would like Oxford Life to process this QCD in the amount of: \$ \_\_\_\_\_.

**Please select ONE of the following options:**

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

**DISCLOSURES AND AUTHORIZATIONS**

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

**REQUIRED SIGNATURES ON NEXT PAGE**

**SUBSTITUTE 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).

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

**REQUIRED SIGNATURE**

SIGN HERE

Owner's Signature

Printed Name

Date

If signing as a representative of the Owner, please check the appropriate box below:

- Owner  Trustee  Executor of Estate  Power of Attorney  Conservator/Guardian  Officer

**SIGNATURES**

**I have read, understood, and agreed to all sections of this form and authorize this request.**

SIGN HERE

Owner's Signature

Date

SIGN HERE

Joint Owner's Signature (if applicable)

Date

- Trustee or  Officer Title: \_\_\_\_\_  Trustee or  Officer Title: \_\_\_\_\_

SIGN HERE

Irrevocable Beneficiary or Collateral Assignee's Signature (if applicable)

Date

**If you are signing on behalf of the owner, print your name, sign, and date 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

Printed Name

**ATTENTION RESIDENTS OF AZ, CA, ID, LA, NM, NV, TX, WA, OR WI:**

If you live or your policy was issued in a community property state listed above, your spouse must sign below:

SIGN HERE

Owner's Spouse Signature

Date

OR

Check this box if you are not married or your spouse is deceased:

## PROCESSING AND 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 policy was issued in or the owner resides in a community property state (currently AZ, CA, ID, LA, NM, NV, TX, WA, or 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 Certification of Trustee Powers form must be on file for all requests. If not previously submitted, a complete copy of all pages of the Trust should be submitted with this request. The Trustee(s) should sign their name in the Signature-Owner field and check the “Trustee” box below the signature.

**Guardian or Conservator** – The guardian or conservator must sign and identify the capacity in which they are signing for the owner. If not previously submitted, a complete copy of the guardianship / conservator papers should be submitted with this request.

**Power of Attorney** – If not previously submitted, the Power of Attorney signing this form should complete and submit a Certification of Power of Attorney form and all pages of their Power of Attorney documents. An updated Certification of Power of Attorney form is required every 12 months.

**Corporation** – If the Owner of the policy is a corporation, entity, or business, check the “Officer

Title” box below the Owner-Signature line and write the title of the officer signing the request. Provide a copy of the corporate resolution evidencing the officer’s signing authority or a copy of the most recent business meeting notes authorizing this request.

**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.

**Address Requirements** – If the address provided on this form does not match the address for the Owner on file, please submit proof of this updated address such as a driver’s license, passport, state ID, vehicle registration, or a state/federal tax document as proof of address.

**Funeral Homes / Assignment Companies** – If a Funeral Home or Assignment Company is being named as a Beneficiary or Irrevocable Beneficiary, we must receive a copy of the company’s Business License or Corporate Resolution to complete the change request

**NOTE:** A Funeral Home or Assignment Company MAY NOT BE NAMED as a Beneficiary in the following states: Florida, Georgia, Maryland, Michigan, Montana, New Jersey, Oklahoma, South Dakota, Tennessee, or Texas.